“A STUDY TO EVALUATE THE EFFECTIVENESS OF VIDEO ASSITED TEACHING PROGRAMME ON KNOWLEDGE REGARDING BREAST SELF EXAMINATION AMONG III YEAR FEMALE STUDENTS STUDYING AT NANDHA ARTS AND SCIENCE COLLEGE, ERODE.”

By

REGISTER NO: 301221951

Dissertation Submitted to

THE TAMILNADU DR. M.G.R MEDICAL UNIVERSITY

Chennai, Tamilnadu.

In partial fulfillment

Of the requirements for the degree of

Master of Science

In

Obstetrics and Gynecological Nursing

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REGISTER NO: 301221951

M.Sc., NURSING (2012-2014)

NANDHA COLLEGE OF NURSING,

ERODE-638052.

AFFILIATED TO THE TAMILNADU DR. M.G.R MEDICAL UNIVERSITY,

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Approved by Nandha college research committee.

Principal **:……**

Prof. Mrs. R.Vasanthi, M.Sc., (N)

Professor in Pediatric Nursing,

Principal, Nandha College of Nursing,

Erode-638052.

Research Guide :…….

Mrs.Hamidhunniza, M.Sc., (N)

Reader,

Dept of Obstetrics and Gynecology nursing,

Nandha College of Nursing,

Erode-638052.

Medical Guide :……

Dr.S. Sasi, M.B.B.S., M.D (O & G)

Consultant Obstetrician and Gynecologist,

Apollo Hospitals,

Karur – 639 002.

A Dissertation submitted to

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VIVA VOCE:

1. **INTERNAL EXAMINER: ----------**
2. **EXTERNAL EXAMINER: ----------**

ENDORSEMENT BY HEAD OF THE INSTITUTION

This is to certify that the dissertation entitled "**A STUDY TO EVALUATE THE EFFECTIVENESS OF VIDEO ASSISTED TEACHING PROGRAMME ON KNOWLEDGE REGARDING BREAST SELF EXAMINATION AMONG III YEAR FEMALE STUDENTS STUDYING AT NANDHA ARTS AND SCIENCE, ERODE."** Is a bonafide research work by:**301221951, Nandha college of Nursing, Erode** in partial fulfillment of the University rules and regulation for award of M.Sc., in Obstetrics and Gynaecological Nursing under my Guidance and Supervision, during the academic year 2013-2014.

Signature of the Head of the department

Mrs. Hamidhunniza, M.Sc., (N).

Reader,

Department of Obstetrics and Gynecology,

Nandha College of Nursing,

Erode.

Signature of the Principal

Professor. R.Vasanthi, M.Sc., (N),

Principal,

Nandha College of Nursing,

Erode.

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"Give me a spirit of thankfulness,

Lord, for number less blessing given

Blessings that daily come to me

Like dewdrops falling from Heaven"

"**Man's effort is always crowned by God's grace and blessings**". I express my deep sense of gratitude to the **Lord Almighty** for the blessings and mercy which enabled me to reach up to this step and complete my study.

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STATEMENT OF THE PROBLEM

"A STUDY TO EVALUATE THE EFFECTIVENESS OF VIDEO ASSITED TEACHING PROGRAMME ON KNOWLEDGE REGARDING BREAST SELF EXAMINATION AMONG III YEAR FEMALE STUDENTS STUDYING AT NANDHA ARTS AND SCIENCE COLLEGE, ERODE."

OBJECTIVES OF THE STUDY

- To assess the knowledge regarding breast self examination, before and after video assisted teaching programme among III year female students
- To determine the effectiveness of video assisted teaching programme on knowledge regarding breast self examination among III year female students
- To find out the association between knowledge score among III year female students & with their selected demographic variables age, religion, education of the mother, type of family, place of living and marital status..

HYPOTHESES

H1; There will be significant increase in knowledge regarding Breast self examination after video assisted teaching programme Among III year female students.

H2; There will be significant association between knowledge score of III year Female students and their selected demographic variables such asage, religion, education of the mother, type of family, place of living and marital status.

METHODOLOGY

The conceptual framework for the present study is based on "Becker's Health Belief Model".

The research approach used for this study is the quantitative educative and evaluative approach was considered to be most appropriate. The research design was "**Quasi experimental research design**-pre experimental research design.The present study was conducted in Nandha arts and Science College at Erode. The sample for this study consisted of 100 female students studying III year at Nandha arts and science college,Erode. Stratified random sampling technique was used for the sample selection. The tools used for the data collection was self administered Multiple choice questionnaire which consist of two parts,part one was demographic data and part two was knowledge of breast self examination questionnaire. Descriptive statistics (frequency, percentage, mean, and standard Deviation) and inferential statistics (Chi-square, paired 't' test) were used to analyze the data and to test the hypotheses.

RESULT AND INTERPRETATION

The following were the results of this study:

- As per demographic characteristic,majority of female students 43 (43%) were between age group of 20-25years,47 of them (47%) were Hindu religion,34 of them (34%) were no formal education of the mother,60 of them (60%) were nuclear family members,55 of them (55%) living in urban areas,81 of them (81%) were married students.

- The frequency and percentage of pretest and post test level of knowledge regarding breast self examination shows Majority of female students in pre-test 95 of them (95%) had inadequate knowledge, remaining 5 of them (5%) had moderate knowledge and none of them had adequate knowledge regarding Breast self examination but in post test majority 77 of them (77%) had adequate knowledge, remaining 23 of them (23%) of them had moderately adequate knowledge and none of them inadequate knowledge regarding Breast self examination.
- Over all comparison of mean values between pre test 8.35 and post test 24.18 of knowledge regarding breast self examination and 't' value 3.99 obtained was found to be significant at 0.05 level.This was conductedthrough video assisted teaching programme is effective in improving awareness regarding breast self examination.

RECOMMENDATIONS

Based on the findings of the study the following recommendations are made ;

- The study can be replicated using a large sample to validate the findings on generalization.
- A similar study can be conducted by using comparative approach and comparison can be made between nurses with varying qualifications.
- A study can also be done to assess the practice and attitude of the female students regarding breast self examination.
- Study can be done with randomization for better result.
- The study can be conducted among different groups in hospital and community settings
- The study can be conducted using various research design.

KEY WORDS

Female Students, Knowledge, Breast self examination.

CHAPTER - I

INTRODUCTION

"*LIFE* IS REALLY SIMPLE,

BUT WE INSIST ON

MAKING IT COPMPLICATED"

- *CONFUCIUS*

Health is wealth goes the saying. Health is an essential factor for a happy contended life. According to Newman's system model, Health is a condition in which the parts and subparts of the whole person are in harmony. Based on the Alma-Ata declaration, much emphasis is being placed on promotion and preventive healthcare**.** Encouraging people to adopt healthy life style and appropriate coping strategies are the key aim in the health promotion.

Health is the level of functional or metabolic efficiency of an organism. Health may also refer to; it is the general condition of a person's mind & body, usually meaning to be free from illness, injury or pain (as in "good health "or healthy)

- WORLD HEALTH ORGANIZATION

Women and men share many similar health problems, but women also have their own health issues, which deserve special consideration. Women's lives have changed over the centuries. Historically life was particularly difficult for most women. Aside from the numerous dangers & diseases.

MEDICINE NET.COM (APRIL-2014)

Cancer is one of the most important diseases which threaten human health. In the World, breast cancer is the most commonly seen type of cancer in woman. Cancer is ultimately

the result of cells that uncontrollably grow & do not die. Normal cells in the body follow an orderly path of growth, division & death. Programmed cell death is called "apoptosis" and when this process breaks down, cancer begins to form. Unlike regular cells, cancer cells do not experience programmatic death &instead continue to grow and divide. This leads to a mass of abnormal cells that grows out of control.

- KARA AND ACIKEL, (2013)

NATIONAL CANCER INSTITUTE(NCI) estimates that endometrial, or uterine, cancer will be diagnosed in an estimated 39,080 American women this year, more than twice the number of women who will be diagnosed with cervical (lower part of the uterus) and ovarian (female reproductive glands) cancers combined. However, in terms of 2010 deaths, ovarian cancer is forecasted to kill 15,280 women, while deaths caused by uterine (7,400) and cervical (3,670) cancers are fewer than half that number. That is a combined 26,350 deaths in this country this year from cancers of the female reproductive system. To avoid these cancers, it's important to understand them.

Breast cancer is the most common cancer that women may face in their lifetime (except for skin cancer). It can occur at any age, but it's much more likely after age 40, and the risk goes up as women get older. Because of certain factors, some women may have a greater chance of having breast cancer than others. But every woman should know about breast cancer and what can be done about it.

In developed and developing countries, breast cancer is shown as a major health problem. Breast cancer is the leading malignant tumor and it consists 30% of cancers among women .Breast cancer is the second leading cause of cancer deaths.

- KARAYURT ET. AL., (2012)

Breast cancer affects so many lives today. The peak incidence of breast cancer is the fifth and sixth decades of life. The more familiarity with breast; the more likely women will notice when something has changed. It is vital for the women to understand the key factors about the disease, especially risk factors and methods of early detection. Three methods of early detection of breast cancer are mammography, clinical breast examination and breast self examination. If breast self examination is practiced regularly breast disorders can be detected in early stages and treated promptly.

Medical advances have shown that one-third of all cancers are preventable and a further one third, if diagnosed sufficiently early, is potentially curable. This observation demands that cancer control should be of increasing priority in the health care programmed of developing countries.

One potentially important strategy in reducing breast cancer mortality is the use of screening to achieve earlier detection of cancer.. This is very important because an excellent prognosis is directly associated with the stage at which the tumor is detected and how localized the lesion is. Early diagnosis usually results in treatment before metastasis and signifies a better outcome of management.

- **EUROPEAN JOURNAL OF SCIENTIFIC RESEARCH,(VOL 30, NO 31, 2011)**

According to the American Cancer Society, about 1.3million women will be diagnosed with breast cancer annually. Worldwide about 465,000 will die from the disease. Breast cancer incidence in women in the United States is 1 in 8(about 13%).In 2012, an estimated 192,370 new cases of invasive breast cancer were expected to be diagnosed in women in the U. S along with 62,280 new cases of noninvasive (in situ) breast cancer. In India, the incidence of breast

cancer is increasing, with an estimated 80,000 new cases were diagnosed annually. It is reported that one in 22 women in India is likely to suffer from breast cancer during her lifetime.

- AMERICAN CANCER SOCIETY (2012)

Over the years, there has been some debate over just how valuable BSE is in detecting breast cancer early and increasing the likelihood of survival. For example, in summer 2008, one study of nearly 400,000 women in Russia and china reported that breast self-examination does not reduce breast cancer mortality and may even cause harm by prompting unnecessary biopsies (removal and examination of suspicious tissue). Because of the ongoing uncertainty raised by this and other studies, the American cancer society has chosen to advise women that BSE is an "optional" screening tool.

Breast cancer organisation still believes that BSE is a useful and essential screening strategy, especially when used in combination with regular physical exams by a doctor and mammography. About 20% of the time, breast cancers are found by physical examination rather than by mammography.

Breast cancer organisations recommend that all women routinely perform breast self-exams as part of their overall breast cancer screening strategy.

- MARISA WEISS, M.D.,(2011)

A woman's breasts are constantly changing. They change throughout the menstrual cycle , when breastfeeding, during pregnancy and in menopause. Most breast changes are not cause for concern. But the women should know how her breasts look and feel normally, So that any changes that might indicate a problem can be detected. One way that can be done is through regular Breast self examination.

1. Breast self-exams aid in the detection of breast cancer are considered optional by the American Cancer Society. Rather, women should be familiar with the normal consistency of the breasts and underlying tissue that she can be aware of any abnormal lumps or other changes. Women should, however, get a regularly scheduled mammogram and clinical breast exam, which are recommended to help detect breast cancer.
2. Breast problems usually are benign, such as fibrocystic changes, cysts (fluid-filled sacs), or fibro adenomas (solid lumps). Most women have lumps or changes in their breasts that fluctuate during their menstrual cycles. This is normal, as is a firm ridge along the bottom of each breast. Breasts also may feel different in different places.
3. The best time to do a breast self-exam is on a monthly basis, usually about three to five days after the end of your period. When the breasts are less tender or swollen. If women do not have a period, try to remember to do the exam on the same day every month.
4. Breast self-exams are an option for women starting in her 20s. They are not a substitute for regular screening mammograms or clinical breast exams to detect breast cancer. According to the American Cancer Society, women in their 20s and 30s should have a clinical breast exam at least once every three years. Beginning at age 40, women should have a clinical breast exam and screening mammogram every year. Women at high risk of developing breast cancer should add magnetic resonance imaging screening to their yearly mammogram.

-CYPRESS FAIRBANKS MEDICAL CENTER HOSPITAL.(2013)

For health professionals who believe in evidence based practice, there is some good evidence that competently performed breast self examination (BSE) is a screening behavior that will reduce the number of deaths from breast cancer. For health professionals who believe that screening is warranted only when the natural history of the target disease may be altered, there is no evidence whatsoever to support the promotion of breast self examination in adolescents or women in their twenties.

Breast self examination is performed by woman herself. At consistent intervals, which are particularly important if she is still menstruating, the woman is supposed to look at her breasts for abnormalities, to palpate her breasts, and to identify any findings that require consultation with her physician.

- CORNELIA J.BAINES, MD (2013)

Screening methods such as mammography, clinical breast examination, and breast self-examination (BSE) are described as health improvement activities and play important roles in the early diagnosis of breast cancer. Breast self-examination is recommended to be performed routinely on a monthly basis in all the women aged above 20 years and the importance of raising awareness on breast cancer via Breast self-examination is noted. Breast self-examination, is an easy-to-apply, economical, safe, non-invasive procedure with no special material/tool requirements; and it is an effective diagnostic method for breast cancer which only takes five minutes

- BEYDAG AND YURUGEN, (2010)

Breast self-examination (BSE) is a recommended screening method for early detection of breast cancer, so it is essential to educate women about BSE as an early detection method for this fatal disease. Nurses and midwives are the health care providers engaged in women through reproductive life. Women prefer a female health care provider when discussing female-related issues.

Thus, female nurses and midwives play an important role in educating women about the importance of breast self examination and understanding the risk factors of breast cancer . To secure these objectives effectively, nurses and midwives should be aware of breast self-examination and the risk factors of breast cancer and keep themselves updated with evidence-based practice concerning these issues.

- HADAYAT ABDEL-RAOOF AMASHA (2012)

Prevention is better than cure, Measures should be taken to prevent cancerous lesion by detecting it at earliest stage. Breast screening in general population has shown to reduce mortality and helps to detect it at earliest stage. Breast self examination is a technique that all women can use to assess their own breasts. Women familiar with their own normal breast characteristics can easily notice the development of abnormalities early. Each woman and girls should be aware of her own risk factors with regular breast self examination; malignancy may be discovered early and effectively treated. Regular monthly breast self examination is an essential health maintenance activity.

- BEVERLY B. GREEN, MD, MPH, STEPHEN H. TAPLIN, MD, MPH (2014)

NEED FOR THE STUDY

"Even too much sunshine can be devasting, while only with rain can growth occur. Accept both as part of the growing process in the garden of life."

- Donald S. Neviaser

Collectively, US, India and China account for almost one third of the global breast cancer burden. Persistent efforts over last 40 to 50 years in the US have resulted in a large proportion of women presenting in early stages and there has been a consistent decrease in the death rates due to breast cancer, even though the incidence of breast cancer is rising steadily. These statistics from IARC (WHO) reflect the same, and offer a good insight for developing nations like India, as to what can be done. Threat of rise of breast cancer in India is so rampant, that if we do not act now, we are in for a major shock in the next twenty years.

The World Health Organization (WHO) has predicted that by 2020 the number of breast cancer cases will jump to an alarming figure and one in every eight women would run the risk of developing the disease in her lifetime. The Indian Council of Medical Research (ICMR) too, concluded that over the last two decades there has been a steep rise in the statistics pertaining to women being diagnosed with breast cancer.

In 2013, it is estimated that among U.S women there will be

- 232,340 new cases of invasive breast cancer (This includes new cases of primary breast cancer among survivors, but not recurrence of original breast cancer among survivors).

- 64,640 new cases of in situ breast cancer (This includes ductal carcinoma in situ (DCIS) and lobular carcinoma in situ (LCIS), of those, about 85 percent will be DCIS.DCIS is a non-invasive breast cancer and LCIS is a condition that increases the risk of invasive breast cancer deaths.
- 39,620 breast cancer deaths.

- WORLD HEALTH ORGANISATION

For India, for the year 2012,

- 144,937 women were newly detected with breast cancer
- 70,218 women died of breast cancer
- 144937 / 70218 = 2.06 = round it off to 2. So roughly, in India, for every 2

Women newly diagnosed with breast cancer, one lady is dying of it.

A few decades back: almost 65% to 70% of women suffering from breast cancer were above 50 years only 30 to 35% women were below fifty years of age. However, presently, breast cancer is more common in the younger age group and 49% of all women suffering from breast cancer in Chennai are below 50 years of age. A significant number of patients are below 30 years. The reason is not that few decades back, it was not detected earlier and now it is being detected earlier. The reason is that there has been a very genuine rise in the incidence of breast cancer in younger women. Please understand that breast cancer is increasing even in the older population; it is just that the increase in younger population is more than that in the older population; maybe because of the predominant young population in India.

- PINK INDIAN STATISTICS (BREAST CANCER IN INDIA, 2012.)

In India Breast Cancer is the first leading site of cancer in 4 out of 5 urban registries- Bangalore, Mumbai, Delhi and Bhopal. In Chennai it is the second leading site of cancer. In the hospital based registry in regional center for Cancer Research and Treatment at Kidwai Memorial Institute of Oncology about 500 cases of breast cancer are registered annually. Bangalore is the 4th in the highest number of breast cancer cases in the country, after Delhi, Mumbai and Chennai, according to National cancer Registry programme, Bangalore in 2012, Breast cancer is higher due to the dietary shifts from low fat foods to high fat diet and passive reproductive life.

-MR.NANDHA KUMAR (Cancer Research and Treatment at Kidwai Memorial Institute of Oncology)

Breast cancer cases have doubled in India in the last two decades. The number of women estimated to be dying of breast cancer every year has also been steadily raising. 48,170 women died due to breast cancer in 2007 and the number reached 50,000 in 2010. Delhi recorded an estimated 810 deaths due to breast cancer in 2010 compared to 779 in 2009 and 749 in 2008.Experts say women now marry late and give birth to fewer children have increased breast cancer rates in India.

Breast Self Examinations aid in the detection of Breast Cancer are considered optional by the American Cancer society. 80% of breast cancers diagnosed clinically are found by the woman herself. American National organizations, institutes and commercial bodies provided lot of information and training on breast self examination. Some private health institutes and commercial non health related organizations also developed breast self examination training websites and videos.

Breast Cancer organization believes that Breast Self Examination is a useful and essential screening strategy used in combination with regular physical exams by a doctor and mammography. The first stage of Breast tumors were detected 53.8% by routine physical examination, 37.7% by self examination and only 27% detection were accidental. And breast cancer mortality might reduced by 18.8% to 24.4% through self examination or routine physical examination.

- **AMERICAN CANCER SOCIETY**

Early diagnosis affords a better chance of survival and better prognosis in absence of an enact etiological agent for breast cancer, the most appropriate way of controlling it, will be early detection and treatment. Mammography is the method of choice but its use is limited due to high cost and unavailability. At present a simple inexpensive and early implant for the detection of breast cancer is breast self examination. It is one of the simplest and most important health programmes to promote early detection. Regular breast self examination can identify any abnormal changes in breast to establish good prognosis. If the young groups of women are targeted with accurate information and encouragement they will learn to examine themselves and detect every minute changes early in their later life.

Many women feel that doing a breast self exam is an important part of their health care. It helps them learn how their breasts normally feel, so that if they find a lump they will know whether it is something to discuss with their health care provider. However, there is controversy about recommending breast self exams. .there is no evidence that doing breast self exams saves lives from breast cancer. Even getting a yearly exam is controversial, but many women and their health care providers feel that this is still an important part of breast cancer screening.

The clinician palpates the breast during examination. In recent years emphasis has been placed on teaching adolescent girls to palpate their own breasts monthly. Early cancer of the breast is curable, and if every adolescent girls would take time to carefully examine her own breast at regular intervals, many benign and malignant tumour would be discovered easily and early. Nurses should become familiar with the procedure of breast self examination so that they may teach adolescent girls, patients, friends or members of their families.

- DANIEL B.KOPANS, MD (2013)

PROBLEM STATEMENT

"A STUDY TO EVALUATE THE EFFECTIVENESS OF VIDEO ASSISTED TEACHING PROGRAMME ON KNOWLEDGE REGARDING BREAST SELF EXAMINATION AMONG III YEAR FEMALE STUDENTS STUDYING AT NANDHA ARTS AND SCIENCE COLLEGE, ERODE."

OBJECTIVES OF THE STUDY

1. To assess the knowledge regarding breast self examination before and after video assisted teaching programme among III year female students
2. To determine the effectiveness of video assisted teaching programme on Knowledge regarding breast self examination among III year female students
3. To find out the association between knowledge score among III year female Students & with their selected demographic variables such age,religion,education of the mother, type of family, place of living and marital status.

HYPOTHESES

H1; There will be significant increase in knowledge regarding breast self examination after video assisted teaching programme among III year female students studying at Nandha Arts and Science college,Erode.

H2; There will be significant association between knowledge score of female Students and with their selected demographic variables age, religion, education of the mother, type of family, place of living and marital status.

ASSUMPTIONS

- Students have less knowledge about breast self examination,
- Video assisted teaching programme will be effective in increase the knowledge regarding Breast self examination among III year female students studying at Nandha Arts and Science college,Erode.

DELIMITATIONS

This study is limited to

- Who are studying III year at Nandha Arts and science college, Erode only.
- Sample size limited to 100 female students only
- This data collection period limited for 15 days only

OPERATIONAL DEFINITIONS

1. Effectiveness

The degrees to which objectives are achieved and the extent to which targeted problems are solved. It is the capability of producing a desired result.

In this study effectiveness refers to the improvement in level of knowledge regarding breast self examination among III year female students.

2. Knowledge

Knowledge is a familiarity with someone or something, which can include facts, information, descriptions, or skills acquired through experience or education .It can refers to the theoretical or practical understanding of a subject.

In this study knowledge refers to the awareness and familiarity about breast self examination among III year female students.

3. Breast self examination (BSE)

A Breast self examination (BSE) is an inspection by a woman of her breasts to detect breast cancer early.

In this study BSE refers to gain knowledge regarding Breast self examination among III year female students.

4. Video assisted teaching Programme

It's a process of showing set of pictures and information using Laptop/television.

In this study it refers to the use of video as a medium of giving Information regarding breast self examination among III year female Students. Breast self examination is the observation and palpation of breast. Using one's own hands for the purpose of detecting abnormalities. It helps to gain knowledge regarding breast self examination techniques.

CONCEPTUAL / THEORITICAL FRAMEWORK

The conceptual framework for this study was based on **'BECKER'S HEALTH BELIEF MODEL'.**

The conceptual Framework of this study was based on BECKER'S HEALTH BELIEF MODEL. This model addresses the relationship between a person's beliefs and behaviours. It provides a way of understanding and predicting how clients will behave in relation to their health and how they will comply with health care therapies.

Conceptual Framework is the conceptual underpinning of a study. If Refers to an understanding of the phenomenon of interest and reflects the assumptions and philosophical view of the investigation.

- Densie polit

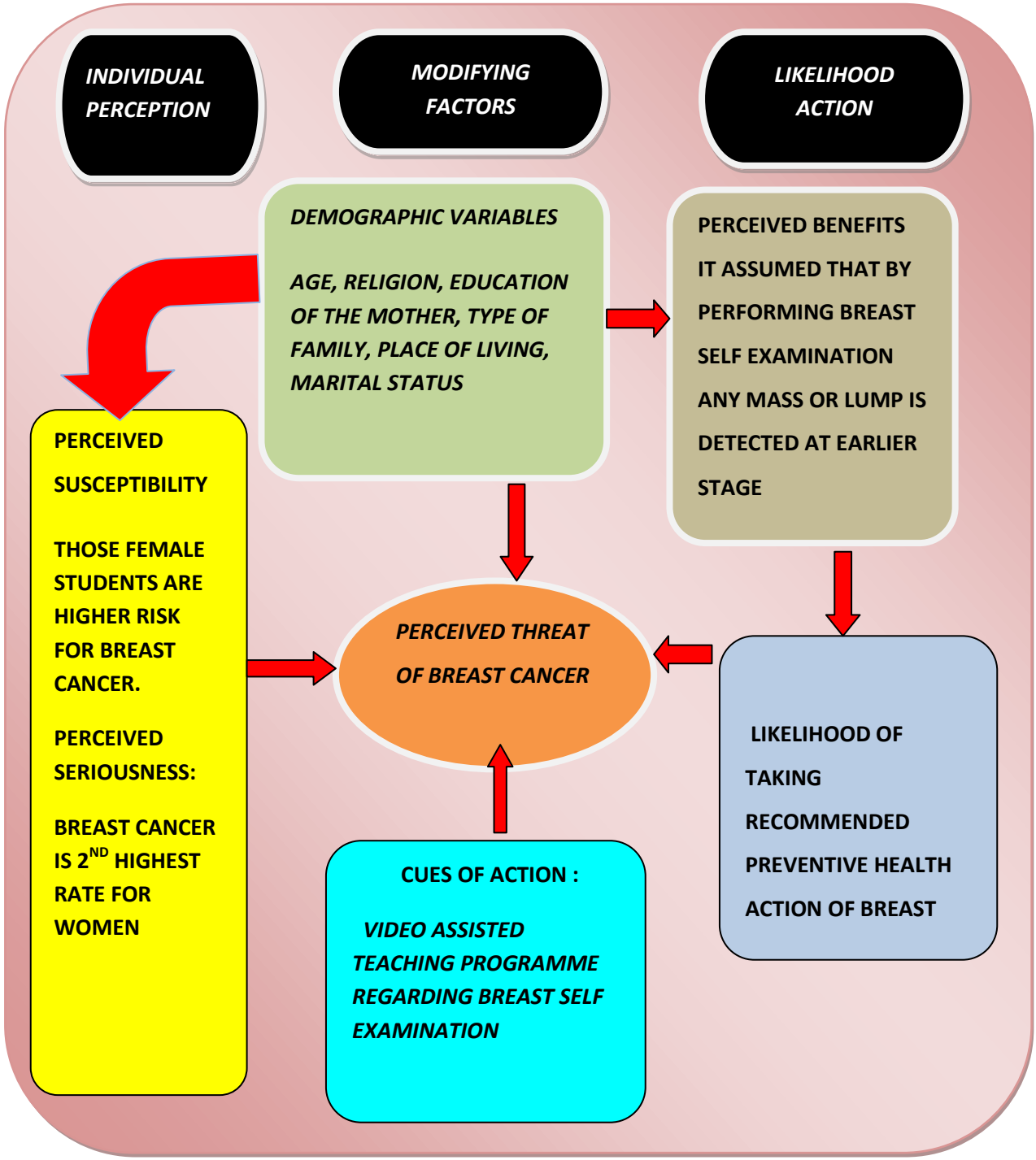
The first component of this model involves the individual's perception of susceptibility to an illness. For example, a client needs to recognize the familial link for breast cancer. After this link is recognized, particularly when one parent and two siblings have died in their second decade from breast cancer, the client may receive the personal risk of breast cancer.

The Second component is the individual's perception of the seriousness of the breast cancer. This perception is influenced and modified by demographic variables lie age, religion, education of the mother, type of family, place of living, marital status. Perceived threat's of the breast cancer and cues of action is administered video assisted teaching programme.

The Third component – the likelihood that a person will take preventive action-It assumed that by performing breast self examination,to find any mass or lump is detected at earlier stage.

CONCEPTUAL FRAMEWORK (BECKERS HEALTH BELIEF MODEL)

Figure :1 Effectiveness of video assisted teaching programme among female students in Nandha College of Arts and Science in Erode.



CHAPTER II

REVIEW OF LITERATURE

A review of literature refers to the activities involved in identifying and Searching for information on a topic and developing and understanding the State of knowledge on the topic.

- Polit and hungler, 2004.

Review of literature is an essential component of the research process. It's also a critical examination of publication related to a topic of interest. Review Should be comprehensive and evaluative. Review of literature helps the researcher to build an existing work, he/she should understand what is already known.

In this present study, investigator has reviewed and organized by the following method.

1. Literature related to knowledge of breast self examination

2. Literature related to video assisted teaching programme of breast self Examination.

1. Literature related to knowledge of breast self examination

Anuradha MD (2013) conducted a pre-experimental study to assess the knowledge of the women on breast self examination among 30 women in the age group between 35 – 55 years in PSG hospitals, Coimbatore. Purposive sampling technique was used. Data were collected by structured interview schedule. Descriptive and inferential statistics were used to analyze data. Result of this study was majority of the women were in the age group of 46-50 years.most of the women (53%) attained menopause and all of them had children and 40% of the women were on oral contraceptive pills. Area wise mean post test knowledge score of women was found significantly higher (24.87) than their mean pre test knowledge score (5.76) as evident from't'value (29) =20.86 at $p<0.05$ level. This suggested that the SIM was effective and it helps to increased the knowledge of women in breast self examination.

Zhang YJ.et., al (2013) A cross sectional study was conducted to determine the level of knowledge about breast self examination among 244 women aged 20-64 in rural area of western turkey. The samples were selected by cluster sampling. Four trained doctors collected the data by face to face interview between January and February 2013.Descriptive & inferential statistics to analyze the data. The study results shown that 23.4% of them had no knowledge about breast self examination, 27.9% had moderately adequate knowledge about breast self examination. Only 10.2% adequate knowledge of breast self examination regularly.76.6% Reported that they heard about breast self examination, but only 56.1% of them had sufficient knowledge about it. Television or radio programs were the main source of information about breast self examination, and 23.4% sample mentioned health professionals were mentioned as a source of information.

Tagnoni G (2012) a descriptive co relational study was conducted to identify knowledge level of breast self-examination and variables related to breast self examination, among 65 Muslim female workers in Mumbai. Purposive sampling technique was used. Descriptive and inferential statistics were used to analyze the data. Result showed that 86.2% of the women had adequate knowledge about Breast Self Examination and 13.8% moderately adequate knowledge of Breast Self Examination.

Pınar Erbay Dundar (2012) conducted a cross sectional study to determine levels of knowledge regarding breast self examination, among Turkish women. The aims of this study were about breast self examination and to evaluate health beliefs concerning the model that promotes breast self- examination (BSE) among women aged 20–64 in a rural area of western Turkey.244 women were recruited by means of cluster sampling in this study. The questionnaire consisted of sociodemographic variables, a risk factors and signs of breast cancer form and the adapted version of Champion's Health Belief Model Scale (CHBMS). Bivariate correlation analysis, Chi square test, Mann-Whitney U test and logistic regression analysis were performed throughout the data analysis. This study results shown that the mean age of the women was 37.7 ± 13.7. 49.2% of women were primary school graduates, 67.6% were married. Although 76.6% of the women in this study reported that they had heard or read about breast self examination, our study revealed that only 56.1% of them had sufficient knowledge of breast self examination, half of whom had acquired the information from health professionals. Level of breast self examination knowledge was the only variable significantly associated with the BSE practice ($p = 0.011$, $p = 0.007$). Breast self examination performers among the study group were more likely to be women, who exhibited higher confidence and perceived greater benefits from BSE practice, and those who perceived fewer barriers to BSE

performance and possessed knowledge of breast self examination. By using the CHBMS constructs for assessment, primary health care providers can more easily understand the beliefs that influence women's BSE practice.

Tarek Tawfik Amin (2012) conducted a cross-sectional descriptive study to assess level and determinants of knowledge about breast self examination among adult Saudi women in Al Hassan, KSA.Sample size of the study 1,315 Saudi adult females were included, selected through a multistage stratified sampling method from ten primary health care centers. No previous histories of breast cancer, attendance for routine services or accompanying patients were prerequisites for eligibility. Participants were invited to personal interview with pre-tested validated questionnaire including inquiries regarding knowledge of breast self examination (BSE).Both descriptive and inferential statistics were applied; logistic regression was conducted to determine the possible correlates of knowledge. This study result shown that the overall level of knowledge regarding breast self examination was low and dependent upon educational and occupational status.. A positive family history was found in 18% of cases among first and second degree relatives, and 2 % had a prior history of benign breast lesion.

Aluka C (2012) conducted a descriptive co relational study to identify knowledge levels of breast self-examination (BSE) and to examine variables related to breast self examination in Turkish women. Data were collected from a convenience sample of 103 Muslim female workers. Descriptive and inferential statistics were used to analyze the data Results showed that 26.2% of the women reported adequate knowledge of BSE and 4.3% reported that they have inadequate knowledge of BSE. Higher health motivation, higher perceived self-efficacy of BSE, marital status, and familial breast cancer history were significantly associated with BSE performance.

Swetha (2012) Conducted a Quasi Experimental study to determine the effectiveness of structured teaching programme on breast self examination for early detection of breast cancer for the age group of 20-60year women's, the study was conducted at Adhiprasakthi rural centre, poraiyur, Tamil Nadu, convenient sampling technique was used to select the samples,60 samples are selected, data collection tools consist of structured interview schedule and check list to assess the knowledge, attitude,& practice. first pretest of knowledge, attitude,& practice was assessed,after the Pretest the STP was given to the same group, then post test was assessed, data collection were analyzed by using descriptive and inferential statistics. women showed a statistically significant {$p<0.05$}increases in knowledge regarding breast self examination.

Kesiya (2012) Conducted a study to assess the knowledge and effect of planned teaching programme regarding breast cancer and breast self examination among 60 working women's in the secondary and higher secondary education department in Pune city. Descriptive and inferential statistics were used to analyze the data. A structured questionnaire was used to collect data .The study showed that the mean knowledge score about breast cancer & BSE obtained from working women's in pretest was 7.5 &that of post test was 13.4,this difference was statistically highly significant at [$p=0.01$]level with 't' value of 24,16608 at 39 degree of freedom.

Tuhina Neogi et.al ,(2011) Conducted a prospective randomized study regarding breast self-examination for early detection of breast cancer in WHO/Russia, Training in breast self-examination (BSE) technique involved 57,712 women, aged 40-64, randomly selected 14 out-patient hospitals in St.Petersburg (2001-2011). Another 64,759 women selected at another 14 out-patient hospitals as in control. All patients with detected tumor pathology of the breast were biopsied and treated at the Institute's Clinic. The study focused on breast cancer

incidence, survival and mortality. More women in the BSE group sought medical advice for suspected pathology (4,300) than those in control (2,438; $p < 0.05$). There were 493 cases of breast cancer in the BSE group with 157 fatalities, 446 cases of breast cancer with 167 fatalities in the control group. There was no significant difference in tumor stage. Nine-year survival (after Kaplan-Meyer) from the time of tumor detection was 65% in the study group and 55% in control (log rank 0.774; $p > 0.05$). There has been no significant difference in death rates in both groups for the past ten years.

Figueiredo Neto EM et al,(2011) conducted a cross sectional study regarding Health beliefs, perceived self-efficacy, and breast self-examination among Thai migrants in Brisbane, the aim of the study is To investigate, using the health belief model (HBM) and self-efficacy as a theoretical framework, the use of Breast self examination in a recent migrant group, Thai women in Australia, and to identify sociodemographic variables that influence the women's regular use of Breast self examination, The sample consist of 145 Thai women in Brisbane recruited through a snowball-sampling method, Data were collected through designed closed-ended questions. Only 25% of the women performed Breast self examination regularly. HBM indices were strongly associated with Breast self examination. Beliefs in high personal susceptibility to breast cancer strongly increased the likelihood of Breast self examination. After adjusting for potential confounding factors, cues or triggers to undertake Breast self examination and self-efficacy, or the ability to do BSE were found to be important determinants of regular Breast self examination the study concluded that a low percentage of women practiced Breast self examination regularly. The HBM is a useful framework for identifying factors influencing the use of Breast self examination. Strategies that increase the confidence of women to undertake preventive health behavior or increase self-efficacy are likely to increase their regular screening for breast cancer.

Amrik et.al.,(2011) Conducted a quasi-experimental study to assess the effectiveness of structured teaching programme on knowledge and performance ability of breast self examination among 40 women (20 in experimental group and 20 in control group) in selected rural communities of Ludhiana,Punjab.Structured questionnaire and check list were used for data collection. The data analyzed by mean, standard deviation, 't' test and Chi-square test and Co-efficient correlation. The study result shown that there is no statistically significant different between pre-test Breast self examination knowledge score of experimental group (12.30) and control group (13.65) (T=1.20NS)and Breast Self Examination performance ability score of experimental group (3.25) and control group (2.85) (t=1.19NS).There was statistically significant increase in post-test knowledge Breast Self Examination score of experimental group (27.85) at 0.001 level. (t=16.52) and in Breast Self Examination performance ability score of experimental group (17.4) at 0.001 level (t=34.54).

2. Literatures related to effectiveness of video assisted teaching

Jhonson David.S (2013). Conducted a descriptive study were used at small group and individual in-depth interviews to collect data, and using thematic analysis and constant comparison techniques for data analysis, the aim of the study is to provide information about how women decide to practice BSE and their experiences through the video assisted teaching programme, 66 women aged 27-50 were recruited. This study results shown that it was found that a sense of self-security became an important motivator for entering BSE practice. The patterns of video include opportunity taking, clarifying confusion, maintaining health, and illness monitoring, which were connected with the risk perception for breast self examination. We recognize that the way women decide to attend BSE practice is influenced by personal. Understanding the different risk assessments women rely on in making their health decisions

is essential. This study will assist researchers and health professionals to gain a better understanding of alternative ways to deal with breast health, and not to be limited by the recommendations of the health authorities.

Mitra Moodi (2013) conducted a Quasi experimental study, 243 female students were selected using multi-stage randomized sampling in 2013. The data were collected by validated and reliable questionnaire (43 questions) before intervention and one week after intervention. The intervention program was consisted of one educational session lasting 120 minutes by lecturing and showing a film based on HBM constructs. The obtained data were analyzed by SPSS (version11.5) using statistical paired t-test and ANOVA at the significant level of $\alpha = 0.05$.this study results shown that,243 female students aged 20.6 ± 2.8 years old were studied. Implementing the educational program resulted in increased knowledge and HBM (perceived susceptibility, severity, benefit and barrier) scores in the students ($p \leq 0.01$). Significant increases were also observed in knowledge and perceived benefit after the educational program ($p \leq 0.05$). ANOVA statistical test showed significant difference in perceived benefit score in students of different universities ($p = 0.05$). Due to the positive effects of education on increasing knowledge and attitude of university students about BSE, the efficacy of the HBM in BSE education for female students was confirmed.

Pamela J. Goodwin (2013) conducted a Self-administered cross-sectional mailed survey, to investigate practice breast self-examination (BSE) through the video assisted teaching programme.120,English speaking nurses certified by college of nursing in Canada were selected by random sampling. Descriptive and inferential statistics were used to analyze the data. This study results shown that response rate was 47.4%. Most respondents (88%) were aware of the new recommendations, yet only 16% had changed their usual practice of BSE.

Most nurses agreed that before the recommendation they almost always practice BSE (74.3%). Only 9.5% agreed that nurses should follow the recommendation and not routinely practice BSE. A few also agreed that they now spend less time discussing BSE (25.7%) and that the recommendation has influenced them to women (12.9%) to practice BSE.

Chinna kannan B (2012) conducted a quasi-experimental research study to assess the effectiveness of Video assisted teaching programme on the knowledge among 248 nurses on breast self examination. The samples were selected by cluster sampling technique in PHC's of Salem district. Data collected by using closed ended questionnaire and observational checklist. Data were analyzed by descriptive and inferential statistics. The overall pre-test mean knowledge score was 28.13±7.55 (42.61%) whereas in post-test it was 57.71±3.94 (87.44%) revealing 44.83% enhancement of knowledge score. Highly significant difference was found between the total knowledge scores of pre and post test and area wise score values of pre and post test ($P<0.01$) revealing effectiveness of Video assisted teaching programme.

Bernice.R (2012) conducted a quasi- experimental study to assess the effectiveness of video assisted teaching (VAT) on breast self examination on knowledge and practice of staff nurses in Hassan. 60 staff nurses selected as sample by non probability purposive sampling technique. Demographic data, structured knowledge & practice questionnaire and video assisted teaching (VAT) for used for data collection .data analyzed by using Chi-square with Yates correction and Fisher exact test. The study result shown that overall mean knowledge scores (pre test=13.53, post test= 26.66) and mean practice scores are (pre test= 43.39, post test= 74.92). Knowledge (43.90%) and practice (54.60%) scores of staff nurses were less before administration of VAT. The overall post-test mean percentage of knowledge and practice was higher (88% and 83.2%) in experimental group than in control group (37.86% and

54.6%) respectively, where 't' value were knowledge (t=26.67 at p<0.001) and practice (t=16.32 at p<0.001). The finding signifies that the video assisted teaching was effective to enhance the knowledge and practice of breast self examination.

Rajashree.s (2012) conducted a quasi experimental study to assess the effectiveness of video demonstration programme on knowledge and intentions about breast self examination technique among 255 twelfth standard girls in Government higher secondary school, Vellore. A pretest was conducted to determine the knowledge about breast self examination. Displayed a 20 minutes video demonstration programme about breast self examination technique. After intervention delayed post test conducted later between 5-6 weeks in 211 girls. Descriptive and inferential statistics were used to analyze the data. The study result shown that the experimental group participated in video demonstration programme increase in their knowledge score than the control group. The experimental group girls reported performing breast self examination from the past month as well and they have a higher intention to perform breast self examination in future.

Coates RJ (2011) conducted health education intervention study by using video slides on LCD in 15 minutes about Breast Self Examination, the study was conducted from March to August 2011 among 250 women beneficiaries' in Ahmadabad Municipal Corporation. Data collected by using questionnaire about breast self examination Data analysis done with the use of SPSS version. The study result shown that there was a significant increase in knowledge about breast self examination after 3 months of the intervention from 26.8% to 90.8% and in knowledge about breast self examination from 14.8% to 89.2%. The study concludes that there was not only improve the knowledge also improves the breast self examination practices.

Sanghi. et al.,(2011) Conducted a quasi experimental study to assess the effectiveness of video demonstration programme on knowledge and intentions about breast self examination technique among 255 girls from Higher secondary school in Delhi. A pretest was conducted to determine the knowledge about breast cancer and breast self examination. Displayed a 50 minutes video demonstration programme about breast self examination technique. After intervention delayed post test conducted later between 5-6 weeks in 211 girls. The study result shown that the experimental group participated in video demonstration programme increase in their knowledge score than the control group. The experimental group girls reported performing breast self examination from the past month as well and they have a higher intention to perform breast self examination in future.

Maria Izal (2011)conducted a health education intervention study by using video slides on LCD and flip charts in 30 sessions (20-25 subjects in each session) about Breast Self Examination was conducted from March to August 2010 among 250 women beneficiaries' in Ahmadabad Municipal Corporation. Data collected by using questionnaire about various aspects of breast cancer. The study result shown that there was a significant increase in knowledge about breast self examination after 3 months of the intervention from 26.8% to 90.8% and in knowledge about mammography from 14.8% to 89.2%. The study concludes that there was not only improve the knowledge also improves the breast self examination practices.

CHAPTER – III

METHODOLOGY

Methodology is the systematic, theoretical analysis of the methods applied to a field of study. It comprises the theoretical analysis of the body of methods and principles associated with a branch of knowledge. Typically, it encompasses concepts such as paradigm, theoretical model, phases and quantitative or qualitative techniques.

A methodology does not set out to provide solutions - it is, therefore, not the same thing as a method. Instead, it offers the theoretical underpinning for understanding which method, set of methods or so called “best practices” can be applied to specific case, for example, to calculate a specific result.

The Methodology is the general research strategy that outlines the way in which a research project is to be undertaken and, among other things, identifies the methods to be used in it. These Methods described in the methodology, define the means or modes of data collection or, sometimes, how a specific result is to be calculated. Methodology does not define specific methods, even though much attention is given to the nature and kinds of processes to be followed in a particular procedure or to attain an objective.

The methodology consists of research design, setting, population and sampling, sample size, criteria for selection of samples, instruments and tools for measuring variables, techniques of data collection, method of data analysis, report of pilot study and needed changes to be incorporated for the main study.

Designing a research involves the development of plan or strategy that will guide the collection and analysis of the data. The study was designed to assess the effectiveness of video assisted teaching programme regarding knowledge and practice of breast self examination.

RESEARCH APPROACH

The research approach selected to accomplish the objectives of the study was **Quantitative educative and evaluative approach**. Since the purpose of the study was to find out the effectiveness of video assisted teaching programme on knowledge regarding breast self examination among III year female students, the Quantitative educative and evaluative approach was found to be suitable for this research study.

RESEARCH DESIGN

The research design used for the present study was pre-test and post-test which a **Quasi experimental research design –pre experimental research design** is used to measure the effectiveness of the video assisted teaching programme on knowledge regarding breast self examination among III year female students

The research design used in the study was pre experimental design to determine the Effectiveness of the video assisted teaching programme on knowledge regarding breast self examination.

Schematic representation of the design is given below,

Pre experimental research design

	Pre test	**treatment**	**Post test**
Experimental group	**O1**	X	**O2**

E O1 X O2

KEY

E : Experimental Group

O1 : Pre-test knowledge of breast self examination among III year female students

X : Administration of Video assisted teaching programme.

O2 : Post-test knowledge regarding breast self examination among III year female Students.

VARIABLES OF THE STUDY

Variables are characters that can have more than one value. The categories of variables discussed in the present study .they are,

Independent variable:-

The independent variable is believed to cause or influence the behavior and ideas.

(Polit and Hungler, 2010)

The variables that are used to describe or measure the factors that are assumed to cause or at least to influence the problem are called the independent variables.

(D.ELAKKUVANA BHASKARA RAJ, 2010)

The independent variable in this study was administering **Video assisted teaching Programme** regarding breast self examination among III year female students.

Dependent variable:-

Dependent variable is what will be measured; it's what the investigator thinks will be affected during the experiment.

Dependent variables represent the effect or influence of the dependent variable. They are sometimes referred to as outcome, output, or response variables. They are "dependent" in that the outcome depends on the effects of the variables being manipulated.

The dependent variables in this study were **knowledge regarding breast self Examination** among III year students.

RESEARCH SETTING

Research settings are specific places in a research where data collection is to be made. The selection of setting was done on the basis of the feasibility of conducting the study, availability of subject and permission of authorities.

(Polit and Hungler, 2003)

The Study was conducted among III year female students studying at Nandha arts and science, Erode.

POPULATION

Population is defined as the entire aggregation of cases that meet a designated set of criteria.

(Polit and Beck, 2010)

A research population refers to the entire group to which the results of the research are to apply it is all the member (or) objects of any defined group from which measurement might be taken (or) collected.

The target population for the present study was **female students studying in the selected Nandha arts & Science College, Erode.**

SAMPLE

A sample is the portion of the population that has been selected to represent the Population of interest. **(Talbott, 1991)**

In this study, sample was **III year female students** with who fulfilled the inclusion criteria from Nandha arts and science, Erode.

SAMPLE SIZE

The proposed sample size is **100** III year female students studying at Nandha Arts and Science College, Erode.

SAMPLING TECHNIQUE:

Sampling is the process of selecting a portion of the population who represent the entire population**.** **(Polit and Beck, 2001)**

In this study **Stratified random sampling technique** was used.Who are studying in III year female students are selected for the data collection and met the criteria was taken as sample**.**

CRITERIA FOR SAMPLE SELECTION

The sample for the study was selected based on the following criteria,

Inclusion criteria*:*

- Who are studying III year female students
- Who are all present during data collection.

Exclusion criteria*:*

- Students who are not willing to participate.
- Who have underwent breast surgeries.
- Who have been exposed to previous teaching programme about breast self Examination.

SELECTION OF RESEARCH INSTRUMENT:-

Research instruments or tools are ways of gathering data. Without them data would be impossible to put in hand which is used by the researcher to observe or measure the key variables in the research problem. The major task of the researcher is to select instruments most accurately and precisely measure the variables of interest, Questioning allows gathering information or data from a large number of samples, relatively, quickly and inexpensively. It avoids interviewer bias, offers anonymity and is cost effective.

The instrument is used in this study were semi structured multiple choice questionnaire to assess the level of knowledge regarding breast self examination III year female students.

DATA COLLECTION METHOD

Self Administered Multiple choice Questiontionnaire used for data collection.

DATA COLLECTION INSTRUMENT

The structured questions was prepared by the investigator

The following steps were carried out in formulating the tools.

- Related literature was reviewed.
- Blue print was prepared.
- Subject experts were consulted for their valuable suggestion regarding the tools and alterations were made accordingly.
- Statistician was consulted for the preparation of the plan for statistical data analysis.
- Reliability was checked by doing pilot study.
- Literature needed for the development of the tool was obtained journals, articles, books and research studies. The blueprint was prepared to construct the tools which consist 6 demographic variables, 40 questions related to knowledge of breast self examination.

DESCRIPTION OF THE INSTRUMENT

The questions related to demographic variables and Semi Structured questions related to knowledge of breast self examination .

Part I: Demographic variables such as Age, Religion, Education of the Mother, Type of family, Place of living, Marital status..

Part II: It consisted of 40 questions related to knowledge of breast self examination.

TOTAL SCORE INTERPRETATION

Part: II

1	1-14	Inadequate knowledge
2	15 -22	Moderately adequate knowledge
3	23 - 30	Adequate knowledge

TESTING OF THE TOOL

CONTENT VALIDITY

The instruments were validated by 5 experts from the field of Nursing and Medicine. The experts suggested addition, deletion of certain items and re-organization of questions. Appropriate modifications were made and the tool was finalized.

RELIABILITY

Reliability is the extent to which the experiment, test, or any measuring procedure yields the same result on repeated trials. Without the agreement of independent observers able

to replicate research procedures, or the ability to use research tools and procedures that yield consistent measurements, researchers would be unable to satisfactorily draw conclusions, formulate theories, or make claims about the generability of their research.

The Reliability of the tool was estabilished using split half technique.The reliability value of the tool is r = 0.9,So the tool was feasible and reliable.

(D.ELAKKUVANA BHASKARA RAJ, 2010)

PILOT STUDY :

A Pilot study was conducted among 10 samples from III year female students at **Kongu arts and Science college, karur.** after obtaining permission from the authorities.pre test and post test was conducted for the same group. There was a significant of effectiveness in video assisted teaching programme at $p<0.05$. It revealed that the study is feasible. Data were analyzed by using differential and inferential statistics. The study report ensured feasibility of the study.

DATA COLLECTION PROCEDURE

Data collection is the gathering of the information to address the research problem.

The word “data” means information i.e. systematically collected in the course of study.

Permission from the concerned authority

Prior to the collection of the data, permission was obtained from Principal of Nandha arts and science, Erode.

DATA COLLECTION PROCESS

1. The study was conducted in Nandha arts and science college, Erode.
2. The period of data collection was from 02.06.2014 to 17.06.2014
3. Prior data collection, permission was obtained from the concerned authorities.
4. III year female students who fulfilled the criteria were selected as sample by using Stratified random sampling.
5. The researcher introduced herself to the participants and established rapport with them.
6. The purpose of the study was explained to each participant.
7. The researcher assured the participants for the confidentiality of their responses
8. Oral consent was obtained from each participant in the study before starting data collection.
9. Pre test was conducted by with the help of self administered questionnaire.
10. Question distributed and data collected from III year female students studying at Nandha arts and science college,Erode.
11. Video assisted teaching program was given for 100 III female students and after 15 days post test was conducted by the same questionnaire.
12. At the end of data collection, the researcher conveyed thanks to the all the participants of the study before winding up the session

DATA ANALYSIS

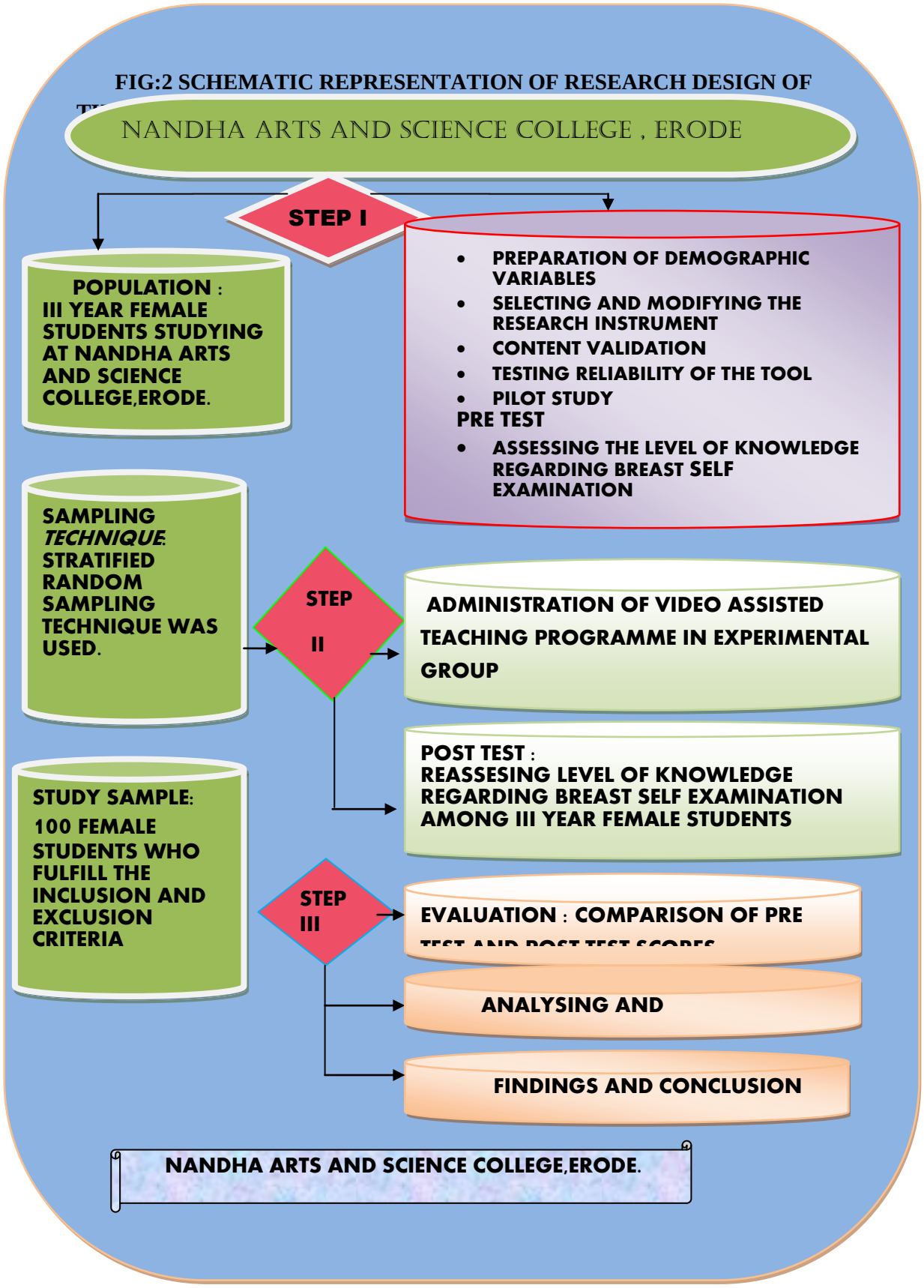
The collected data was organized, tabulated and analyzed by using descriptive and Inferential statistics.

- To assess the level of knowledge before and after video assisted teaching programme among experimental group **frequency and percentage**.
- To compare the effectiveness of knowledge among experimental group, **paired‘t’ test were** used for analysis
- To find the association between pre-test scores of knowledge among experimental group of III year female students and with their demographic variables **chi-square test** was used**.**

PROTECTION OF HUMAN SUBJECTS

The proposed study was conducted after the approval of Dissertation committee of the college. Permission was obtained from the principal and all the departmental HODs

FIG:2 SCHEMATIC REPRESENTATION OF RESEARCH DESIGN OF



CHAPTER IV

ANALYSIS AND INTERPRETATION OF DATA

Research data must be processed and analyzed in an orderly fashion so that patterns and relationships can be discerned and validated, and hypotheses can be tested. Quantitative data analyzed through statistical analysis includes simple procedures as well as complex and sophisticated methods.

- Polit (2004)

This chapter deals with the description of the analysis and interpretation of the data collected to evaluate the effectiveness of video assisted teaching programme regarding knowledge and practice of breast self examination among III year female students studying at Nandha Arts and Science College, Erode.

The data collected was calculated based on the following objectives

- To assess the knowledge regarding breast self examination, before and after video assisted teaching programme among III year female students.
- To determine the effectiveness of video assisted teaching programme on knowledge regarding breast self examination among III year female students
- To find out the association between knowledge score among III year female students & with their selected demographic variables age,religion,education of the mother,type of family,place of living and merital status.

The data have been organized under the following sections: -

Section I **:** Distribution of samples in terms of demographic variables.

Section II **:** Assessment of pre-test and post-test level of knowledge regarding breast Self examination.

Section III **:** Comparison of pre test and post test knowledge score regarding breast Self Examination

Section IV **:** Comparison of pre test and post test scores in level of knowledge regarding Breast self examination.

Section V **:** Association between post-test scores of knowledge regarding breast self Examination with selected demographic variables.

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SECTION I

FREQUENCY AND PERCENTAGE DISTRIBUTION OF SAMPLE IN TERMS OF DEMOGRAPHIC VARIABLES.

TABLE 1.1.1

S.NO	SAMPLE CHARACTERISTICS	N= 100	
		Freq	%
1.1	**AGE**		
	a) 15 - 20 years	43	43%
	b) 21- 30 years	41	41%
	c)) 30 Above years	16	16%
1.2	**RELIGION**		
	a) Hindu	47	47%
	b) Christian	27	27%
	c) Muslim	26	26%
1.3	**EDUCATION OF THE MOTHER**		
	a) Primary education	17	23%
	b)Higher secondary	14	14%
	c) Graduate	19	19%
	d) No formal Education	34	34%

1.4	**TYPE OF FAMILY**		
	a) Nuclear family	60	60%
	b) Joint family	40	40%
1.5	**PLACE OF LIVING**		
	a) Urban	55	55%
	b) Rural	45	45%
1.6	**MARITAL STATUS**		
	a) Married	19	19%
	b) un married	81	81%

The data given in **Table 1.1.1** shows that,

- According to age, majority 43% female students were in the age group of 15-20 years, remaining 41% of them were in the age group of 20-30 years, and 16% of the female students were in the age group of above 30 years.
- Regarding religion majority 47% of them were Hindu's, remaining 27% of the female students were Christian and 26% of the female students were Muslim's.
- Regarding education of the mother majority 34% of the mothers had no formal education, remaining 25% of the mothers were graduates, 23% of the mothers had primary education and 18% of the mothers completed higher secondary education.
- Regarding to type of family majority 60% of the female students were in nuclear family remaining 40% of the female students were in joint family.
- According to place of living majority 55% of them living in urban remaining 45% of them was living in rural.
- Regarding of marital status majority 81% of the female women were unmarried remaining 19% of the female women were married.

TABLE -1.1.2 DISTRIBUTION OF SAMPLE IN TERMS OF AGE

S.NO	SAMPLE CHARACTERISTICS	N=100	
		Freq	%
1.1	**AGE**		
	(a) 15-20 years	43	43%
	(b) 21-30 years	41	41%
	(c) >30 years	16	16%
	TOTAL	100	100%

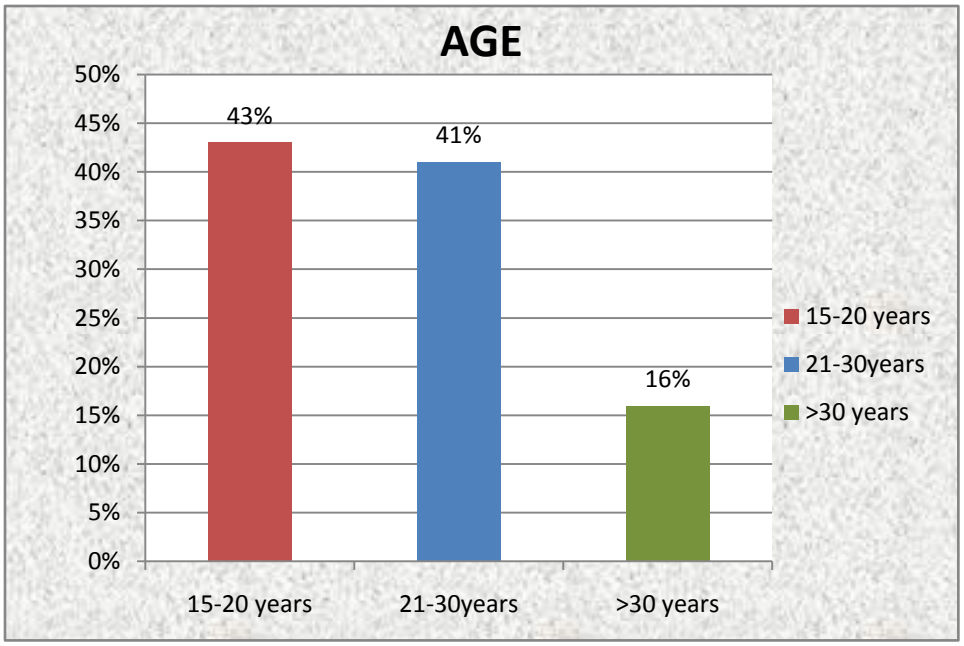

Figure.3.Distribution of sample in terms of age

The data given in **Table- 1.1.1 & figure.3** shows that **according to age** majority 43% of female students were in the age group of 15-20 years,remaining 41% were in the age group of 21-30 years and 16% of the female women were in the age group of above 30 years.

TABLE– 1.1.3 DISTRIBUTION OF SAMPLE IN TERMS OF RELIGION

S.NO	SAMPLE CHARACTERISTICS	N=100	
		Freq	%
1.2	**RELIGION**		
	(a) Hindu	47	47%
	(b) Christian	27	27%
	(c) Muslim	26	26%
	Total	100	100%

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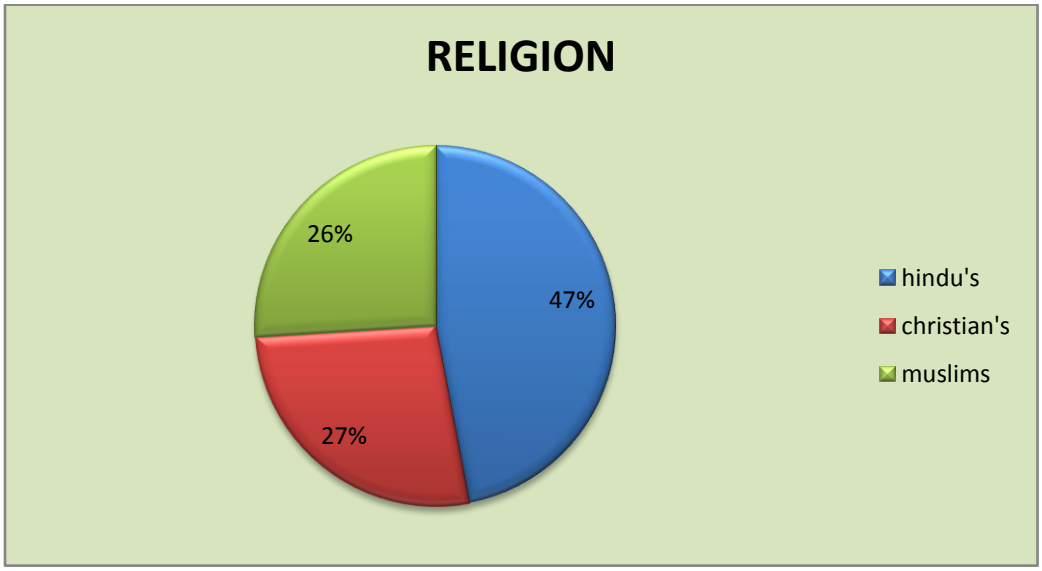

FIGURE 4: Distribution of sample in terms of religion .

The data given in table 1.1.2 & below pie diagram (figure.4) shows that majority 47% of them were Hindu's remaining 27% of the female student were Christian and 26% of the female students were Muslim's.

TABLE -1.1.4: DISTRIBUTION OF SAMPLES IN TERMS OF EDUCATION OF THE MOTHER

S.NO	SAMPLE CHARACTERISTICS	N=100	
		Freq	%
1.3	**EDUCATION OF THE MOTHER**		
	(a) Primary Education	23	23 %
	(b) Higher Secondary	18	18 %
	(c) Graduate	25	25 %
	(d) No Formal Education	34	34 %
	Total	100	100 %

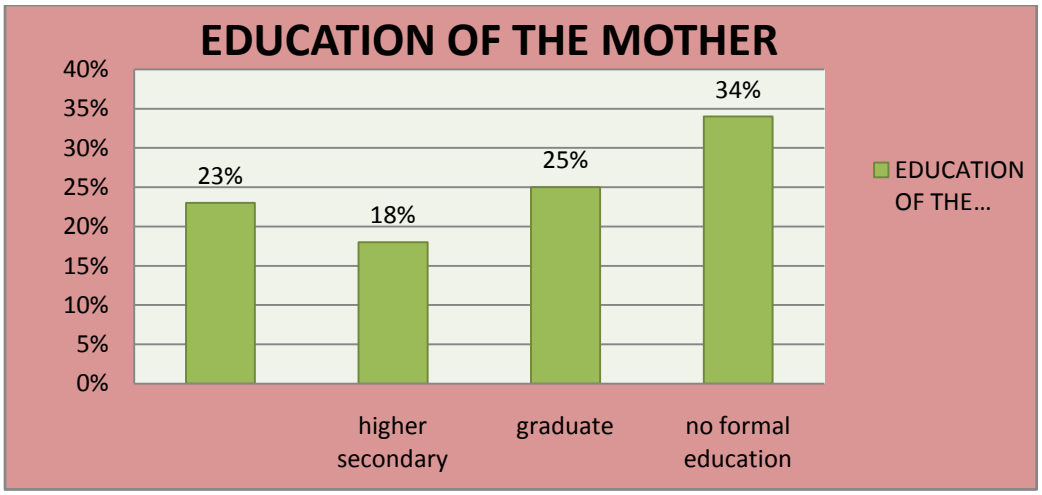

Figure -5: distribution of samples in terms of education of the mother

The data given in table 1.1.3 & the below bar diagram (figure.5) shows that majority 23% of the mothers had primary education, remaining 18% of the mothers completed higher secondary education, 25% of the mothers was graduates and 34% of the mothers had no formal education.

TABLE -1.1.5: DISTRIBUTION OF SAMPLES IN TERMS OF TYPE OF FAMILY

S.NO	SAMPLE CHARACTERISTICS	N=100	
		Freq	%
1.4	**TYPE OF FAMILY**		
	(a) Nuclear Family	60	60%
	(b) Joint Family	40	40%
	Total	100	100%

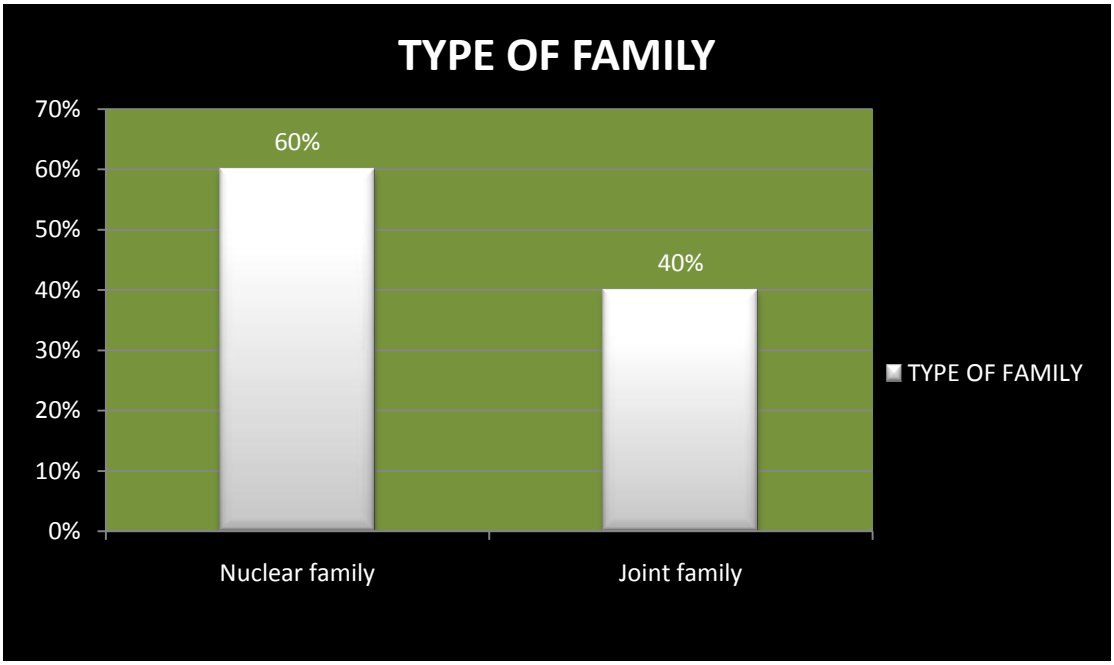

Figure -6: Distribution of samples in terms of type of family

The data given in table 1.1.4 & he below bar diagram (figure.6) shows that majority 60% of the female students were in nuclear family remaining 40% of the female students were in joint family.

TABLE1.1. 6- DISTRIBUTION OF SAMPLES IN TERMS OF PLACE OF LIVING

S.NO	SAMPLE CHARACTERISTICS	N=100	
		Freq	%
1.5	**PLACE OF LIVING**		
	(a) Urban	55	55%
	(b) Rural	45	45%
	Total	100	100%

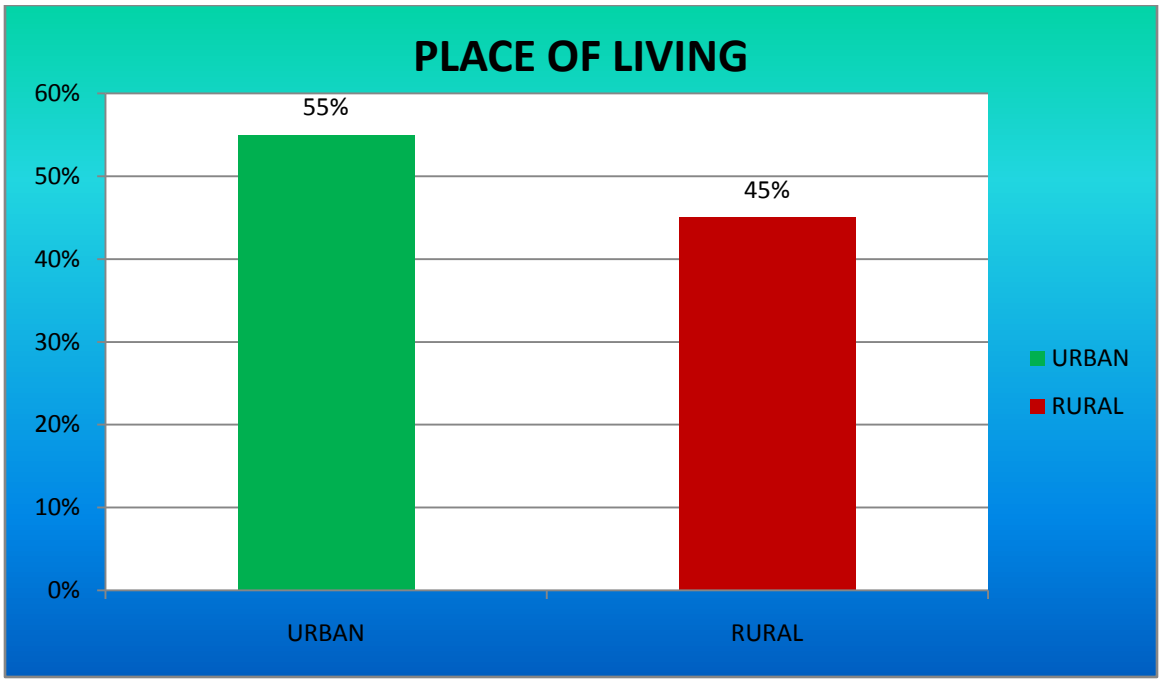

Figure - : 7 Distribution of samples in terms of place of living

The data given in table 1.1.5 & the below column (figure.7) shows that majority 55% of them living in urban remaining 45% of them was living in rural areas.

TABLE 1.1.7: DISTRIBUTION OF SAMPLES IN TERMS OF MARITALSTATUS

S.NO	SAMPLE CHARACTERISTICS	N=100	
		Freq	%
1.6	**MARITAL STATUS**		
	(a) Married	19	19%
	(b) Un Married	81	81%
	Total	100	100%

.

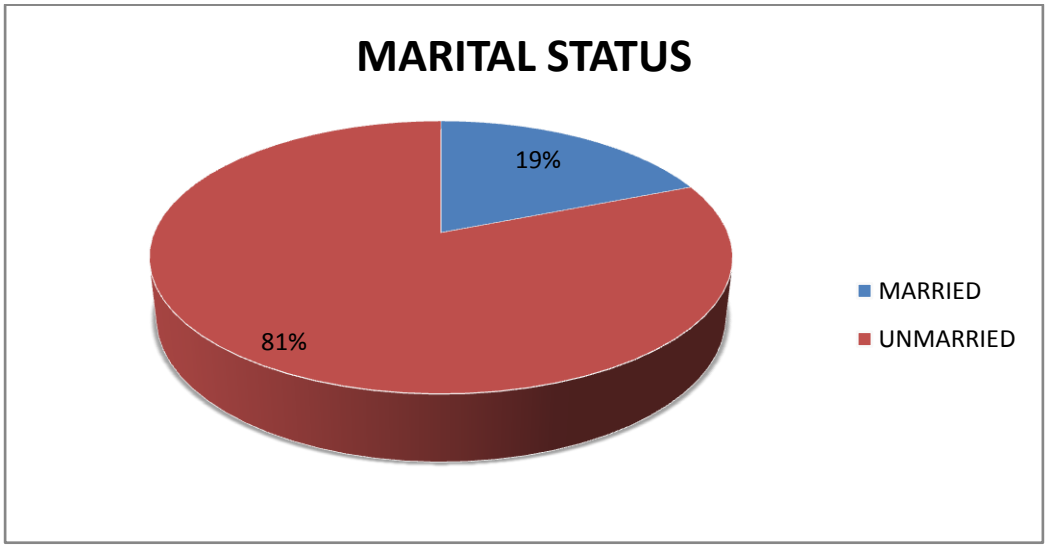

Figure.8: Distribution of samples in terms of marital status

The data given in table 1.1.3 & the below pie diagram(figure.8) shows that majority 81% of the female women were unmarried remaining 19% of the female women were married.

SECTION II

ASSESSMENT OF PRE-TEST AND POST-TEST LEVEL OF KNOWLEDGE REGARDING BREAST SELF EXAMINATION

Table 2: Pre test and post tests level of knowledge regarding breast self examination (n=100)

LEVEL OF KNOWLEDGE	PRETEST		POST EST	
	Freq	%	Freq	%
Inadequate knowledge	95	95%	0	0%
Moderate knowledge	5	5%	23	23%
Adequate knowledge	0	0%	77	77%

The data presented in **Table 2** shows the frequency and percentage of pretest and post test level of knowledge regarding breast self examination. Majority of female students in pre-test majority 95 of them (95%) had inadequate knowledge, remaining 5 of them (5%) had moderate knowledge and none of them had adequate knowledge regarding Breast self examination but in post test majority 77 of them (77%) had adequate knowledge remaining 23 of them (23%) of them had moderate knowledge and none of them had inadequate knowledge regarding Breast self examination.

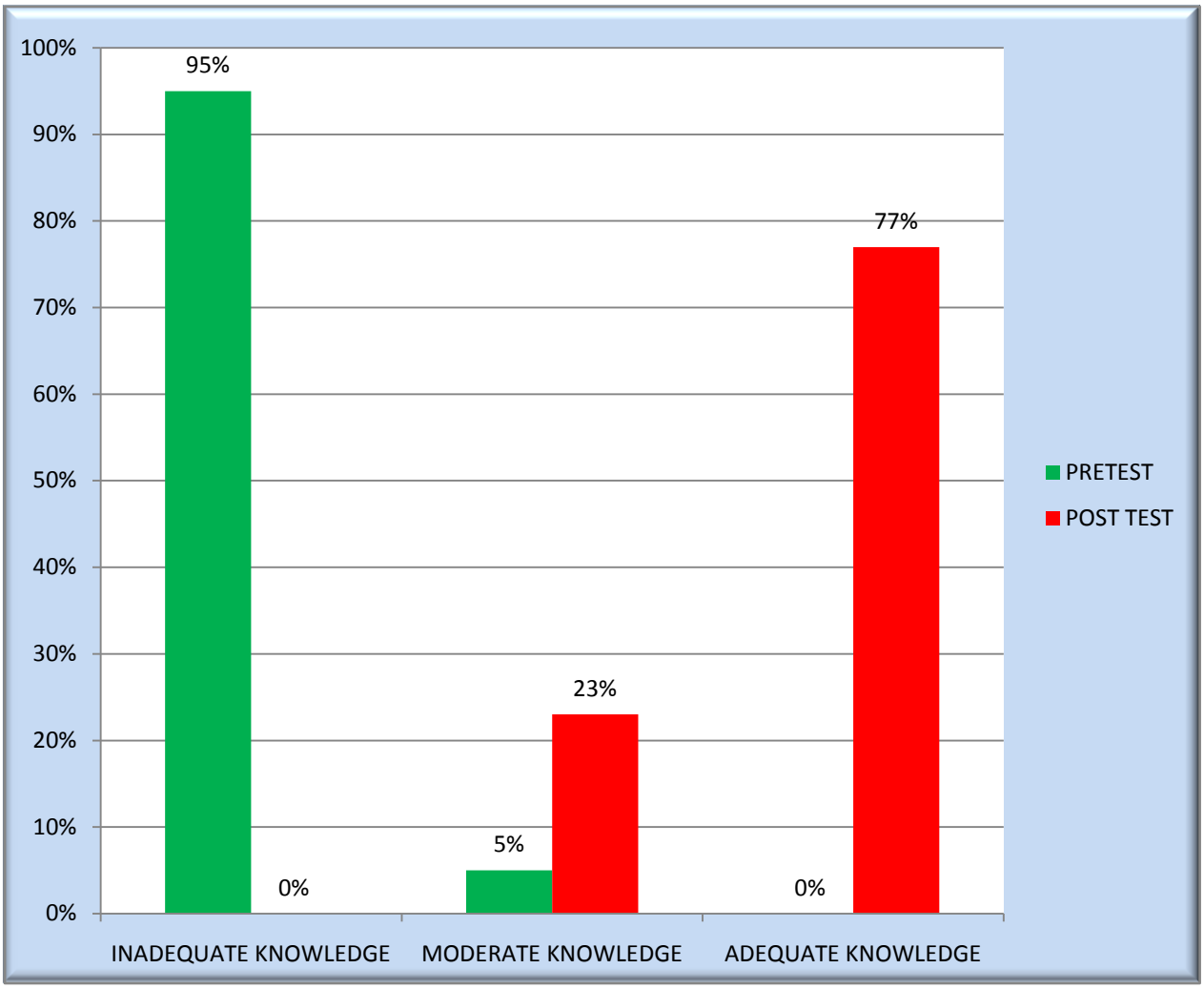

Figure.9:Assessment of Pre test and post tests level of knowledge regarding breast self examination (n=100)

SECTION III

COMPARISON OF PRE TEST AND POST TEST SCORES OF KNOWLEDGE REGARDING BREAST SELF EXAMINATION

TABLE 3: Comparison of pre test and post test scores of knowledge regarding breast self examination

Group	Test	Mean	SD	Paired 't' value
Experimental group n=100	**Pre test**	8.35	2.319	*3.9942
	Post test	24.18	2.591	

***Significant at 0.05 level, df = 99 (t=1.660)**

The data presented in **Table 3** shows the mean post test scores of knowledge regarding breast self examination 24.18 of the group were higher than mean pre-test scores of knowledge regarding breast self examination 8.35. The obtained Standard deviation of knowledge regarding breast self examination during post test was 2.591 and the pre test standard deviation was 2.319. The obtained't' value for the pre -test and post test scores of knowledge regarding breast self examination is *3.9942 when compared to table value (1.699) was found to be high found and **significant at 0.05 level**. So that the Video assisted teaching program has a significant effect in increasing the knowledge regarding breast self examination among the female students.

FIGURE 10: Comparison of pretest and post test scores of knowledge regarding breast self examination

SECTION - IV

COMPARISON OF PRETEST AND POST TEST SCORES OF KNOWLEDGE REGARDING BREAST SELF EXAMINATION

Table 4: Comparison of pretest and post test scores of knowledge regarding breast self examination

COMPONENTS	MEAN	SD	't' VALUE	SIGNIFICANCE
BREAST ANATOMY				
Pre test	1.66	0.623	*4.129	***P<0.05 Significant**
Post test	3.92	0.661		
BREAST CANCER				
Pre test	3.92	0.661	*1.674	***P<0.05 Significant**
Post test	13.9	0.846		
BREAST SELF EXAMINATION				
Pre test	4.86	1.005	*2.317	***P<0.05 Significant**
Post test	17.42	0.553		

***Significant at 0.05 level (Table Value = 1.66)**

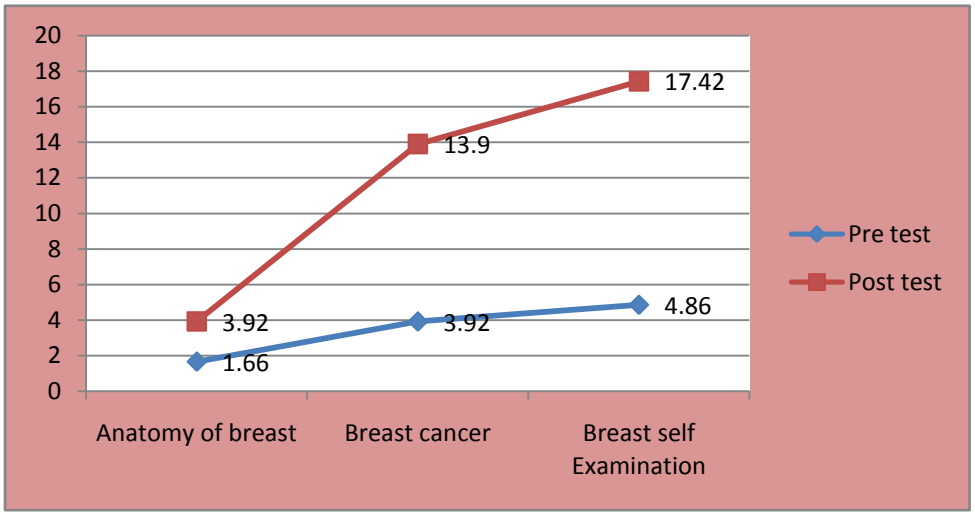

Figure 11: Comparison of pretest and post test scores of knowledge regarding breast self examination

Figure 11 Shows that mean score of the post test was greater than the mean score of the pre test in all components of the breast self examination.

Further, the paired t test was used to find the significant difference between the pre test and post test knowledge scores in all components of breast self examination. It showed ‘t’value *3.9942 was significant at $P<0.05$. Hence there was difference between all pre test and post test knowledge scores in all the components of breast self examination, and that difference is due to the exposure of the female students to video assisted teachimg programme regarding Breast Self Examination.

SECTION V

ASSOCIATION BETWEEN POST-TEST SCORES OF KNOWLEDGE REGARDING BREAST SELF EXAMINATION WITH SELECTED DEMOGRAPHIC VARIABLES

Table 5:- Association between post-test scores of knowledge regarding breast self examination with selected demographic variables.

Variable	Freq	Percentage	df	χ^2 (calculated)	χ^2 (Table value)
AGE			2	2.92	5.991
a) 15 - 20 years	43	43%			
b) 21- 30 years	41	41%			
c) 30 Above years	16	16%			
RELIGION			2	1.271	5.991
a) Hindu	47	47%			
b) Christian	27	27%			
c) Muslim	26	26%			
EDUCATION OF THE MOTHER			3	0.236	
a) Primary education	23	23%			
b)Higher secondary	24	24%			
c) Graduate	19	19%			
d) No formal education	34	34%			

TYPE OF FAMILY			1	0.339	3.84
a) Nuclear family	60	60%			
b) Joint family	40	40%			
PLACE OF LIVING			1	0.416	3.84
a) Urban	55	55%			
b) Rural	45	45%			
MARITAL STATUS			1	4.17	*3.84
a) un married	81	81%			
b) married	19	19%			

NS= not significant at 0.05 level

From the above table it is evident that there is no significant association exist between posttest score of knowledge regarding breast self examination and selected demographic variables.

According to age χ^2= 2.92 were as the table value=7.815. Regarding religion χ^2=1.271 were as the table value=5.991 is less than the calculated value at P>0.05 level, related to education of mother of the female student χ^2=0.236 were as the table value =7.81 is less than the table value at P>0.05. In association to type of family χ^2=0.339 were as the table value =3.84 is more than calculated value. According to place of living χ^2=0.416 were as the table value =3.84 and the $\chi^2$of marital status =*4.17 were as the table value = 3.84 is more than the table value at P>0.05 level it is evident that there is significant association exist between posttest score of knowledge regarding breast self examination and selected demographic variables such as age, religion, education of the mother, type of the family, place of living except marital status.

CHAPTER V

DISCUSSION

This chapter deals with the discussion which was based on the findings obtained from the statistical analysis and its relation to the objectives of the study, the conceptual frame work and the related literature. The aim of the study was to evaluate the effectiveness of video assisted teaching programme regarding knowledge and practice of breast self examination among female students at Nandha Arts and Science College, Erode**.**

- **The first objective of the study was to assess the knowledge regarding breast self examination, before and after video assisted teaching programme among III year female students.**

In the pretest on female students majority 95 of them (95%) had inadequate knowledgeremaining5of them (5%) had moderate knowledge and none of them had adequate knowledge regarding Breast self examination, where as in the post test majority 77 of them (77%) had adequate knowledge regarding breast self examination remaining 23 of them (23%) of them had moderately adequate knowledge and none of them had inadequate knowledge regarding Breast self examination.

- **The second objective of the study was to educate & evaluate the effectiveness of video assisted teaching programme on knowledge regarding breast self examination among III year female students.**

The mean score of the post test of knowledge regarding breast self examination 24.18 of the group were higher than mean pre-test scores of knowledge regarding breast self examination 8.35. The obtained Standard deviation of knowledge regarding breast self examination during post test was 2.591 and the pre test standard deviation was 2.319. The

obtained‘t’ value for the pre -test and post test scores of knowledge regarding breast self examination is *3.9942 when compared to table value (1.699) was found to be **significant at 0.05 level**. So that the Video assisted teaching program has a significant effect in increasing the knowledge regarding breast self examination among III year female students.

H1; Video assisted teaching programme will be effective in improving the knowledge regarding breast self examination of III year female students, so the researcher accepted H1 Hypothesis.

- **The third objectives is to find out the association between knowledge score among III year female students & with their selected demographic variables such as age,religion,education of the mother,type of family,place of living and marital status.**

Chi-square was calculated to find out the association between post test score of female student with their demographic variables such as age, religion, education, type of family, place of living and marital status.It is evident that there is no significant association exist between knowledge with the selected demographic variables, such as age (χ^2=2.92)were as the table value=7.815. Regarding religion (χ^2=1.271) were as the table value=5.991, related to education of mother of the female student (χ^2=0.236) were as the table value =7.81. In association to type of family (χ^2=0.339) were as the table value =3.84 is more than calculated value. According to place of living **(χ^2**=0.416) were as the table value =3.84 and the $\chi^2$of marital status =*4.17 were as the table value = 3.84 are more than the table value at P>0.05 level it is evident that there is **highly found to be a significant** association exist between posttest score of knowledge regarding breast self examination and selected demographic variables such as age, religion, education of the mother, type of the family, place of living and marital status.

RESULTS

The following were the results of this study:

- According to age, majority 43% female students were in the age group of 15-20 years, remaining 41% of them were in the age group of 20-30 years, and 16% of the female students were in the age group of above 30 years.
- Regarding religion majority 47% of them were Hindu's, remaining 27% of the female students were Christian and 26% of the female students were Muslim's.
- Regarding education of the mother majority 34% of the mothers had no formal education,remaining 25% of the mothers were graduates, 23% of the mothers had primary education and 18% of the mothers completed higher secondary education.
- Regarding type of family majority 60% of the female students were in nuclear family remaining 40% of the female students were in joint family.
- Regarding to place of living majority 55% of them living in urban remaining 45% of them was living in rural areas.
- Regarding of marital status majority 81% of the female women were unmarried remaining 19% of the female women were married.
- In the pretest and post test level of knowledge regarding breast self examination. Majority of female students in pre- test 95 of them (95%) had inadequate knowledge, remaining 5 of them (5%) had moderate knowledge and none of them had adequate knowledge regarding Breast self examination but in post test majority 77 of them (77%) had adequate knowledge, remaining 23 of them (23%) of them had moderately adequate knowledge and none of them inadequate knowledge regarding Breast self examination.

- The difference between overall pre test and post test mean scores of knowledge regarding breast self examination 24.18 of the group were higher than mean pre-test scores of knowledge regarding breast self examination 8.35. The obtained Standard deviation of knowledge regarding breast self examination during post test was 2.591 and the pre test standard deviation was 2.319. The obtained 't' value for the pre -test and post test scores of knowledge regarding breast self examination is *3.9942 when compared to table value (1.699) was found to be **significant at 0.05 level**. So that the Video assisted teaching program has a significant effect in increasing the knowledge regarding breast self examination among III year female students.
- There was an significant association between post test score of knowledge regarding breast self examination and selected demographic variables such as age, religion, education of the mother, type of the family, place of living and marital status. According to age χ^2= 2.92 were as the table value=12.592. Regarding religion χ^2=1.271 were as the table value=5.991 is less than the calculated value at P>0.05 level, related to education of mother of the female student χ^2=0.236 were as the table value =7.815 is less than the table value at P>0.05. In association to type of family χ^2=0.339 were as the table value =3.84 is more than calculated value. According to place of living χ^2=0.416 were as the table value =3.84 and the $\chi^2$of marital status =4.17 were as the table value = ***3.84** is significant at P>0.05 level it is evident that there is significant association exist between posttest score of knowledge regarding breast self examination and selected demographic variables such as age, religion, education of the mother, type of the family, place of living and marital status.

CHAPTER VI

SUMMARY, RESULT, CONCLUSION, IMPLICATIONS, AND RECOMMENDATIONS

This chapter deals with the summary of the study, its findings, conclusion and the implications for nursing administration, the health care delivery system(nursing practice), nursing education and nursing research. This study has been started with a few limitations and ends with suggestions and recommendations for research in future.

SUMMARY

The present study was undertaken by the researcher with the main purpose to evaluate the effectiveness of video assisted teaching programme on knowledge regarding breast self examination among III year female students at Nandha Arts and Science College, Erode.

OBJECTIVES OF THE STUDY

1. To assess the knowledge regarding breast self examination, before and after video assisted teaching programme among III year female students
2. To educate & evaluate the effectiveness of video assisted teaching programme on knowledge regarding breast self examination among III year female student
3. To find out the association between knowledge score among III year female & with their selected demographic variables such as age,religion,education of the mother,type of family,place of living and marital status.

HYPOTHESIS

H1; There will be significant increase in knowledge regarding breast self examination after Video assisted teaching programme among III year female students.

H2; There will be significant association between knowledge score and with their Selected demographic variables such as age,religion,education of the mother,type of family,place of living and marital status.

RESULT

The following were the results of this study:

- As per demographic characteristic,majority of female students 43 (43%) were between age group of 20-25years,47 of them (47%) were Hindu religion,34 of them (34%) were no formal education of the mother,60 of them (60%) were nuclear family members,55 of them (55%) living in urban areas,81 of them (81%) were married students.
- The frequency and percentage of pretest and post test level of knowledge regarding breast self examination shows Majority of female students in pre- test 95 of them (95%) had inadequate knowledge, remaining 5 of them (5%) had moderate knowledge and none of them had adequate knowledge regarding Breast self examination but in post test majority 77 of them (77%) had adequate knowledge, remaining 23 of them (23%) of them had moderately adequate knowledge and none of them inadequate knowledge regarding Breast self examination.

- Over all comparison of mean values between pre test 8.35 and post test 24.18 of knowledge regarding breast self examination and ‘t’ value 3.99 obtained was found to be significant at 0.05 level.This was conductedthrough video assisted teaching programme is effective in improving awareness regarding breast self examination.

NURSING IMPLICATIONS

The findings of the study have implications related to nursing administration, nursing practice, nursing research and nursing education regarding the increase in level of knowledge regarding breast self examination among III year female students.

NURSING ADMINISTRATION

Nursing is an evolving profession to improve the quality of care and practice should be evidence based.The present study showed that there is an effectiveness of video assisted teaching programme regarding breast self examination.The administrator can communicate these findings to the students and they can incorporate this in monthly practice of breast self examination.She can motivate the students to participate in in-service education program on breast self examination.

NURSING PRACTICE

Nurses in the health care setting should posess sound knowledge about breast self examination for better clinical practice.

NURSING RESEARCH

Practice emerges from research.Evidence based practice improves the quality of nursing care. This study focuses on improving the quality of nursing care in female students on breast self examination.Research add value to the comprehensive care. The nurse involved in students care can educate the students and enrich the evidence based care which will enhance the nursing research.

RECOMMENDATIONS FOR FUTURE RESEARCH

Based on the findings of the study the following recommendations are made ;

- The study can be replicated using a large sample to validate the findings on generalization.
- A similar study can be conducted by using comparative approach and comparison can be made between nurses with varying qualifications.
- A study can also be done to assess the practice and attitude of the female students regarding breast self examination.
- Study can be done with randomization for better result.
- The study can be conducted among different groups in hospital and community settings.
- The study can be conducted using various research design.

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ANNEXURE – A

LETTER REQUESTING PERMISSION FOR

CONDUCTING THE FINAL STUDY

LETTER REQUESTING EXPERTS OPINION FOR CONTENT VALIDITY OF TOOLS:

FROM

MRS.AMBIKA.L
II YEAR MSC NURSING
NANDHA COLLEGE OF NURSING
ERODE

TO MRS. HEPSY SUJATHA
VICE PRINCIPAL
BISHOP COLLEGE OF NURSING
DHARAPURAM

FORWARDED THROUGH THE PRINCIPAL

PROFESSOR . R.VASANTHI, M.Sc
PRINCIPAL
NANDHA COLLEGE OF NURSING,ERODE.

PRINCIPAL
NANDHA COLLEGE OF NURSING
ERODE.

Dear Sir/Madam,

Sub: Requesting the expert's opinion on content validity of tools.

I am a final year Master of Nursing student in Nandha College of Nursing. I have selected the under mentioned topic for research project to be submitted to the TAMILNADU DR. M.G.R. MEDICAL UNIVERSITY in partial fulfilment of University requirements for the award of Master of Nursing Degree.

Topic : **"A STUDY TO EVALUATE THE EFFECTIVENESS OF VIDEO ASSISTED TEACHING PROGRAMME REGARDING KNOWLEDGE AND PRACTICE ON BREAST SELF EXAMINATION AMONG FEMALE STUDENTS AT NANDHA ARTS AND SCIENCE COLLEGE,ERODE.**

May I request you to kindly go through these tools i.e, questionnaires for evaluate the knowledge and practice on breast self examination, (the rating scales to detect breast cancer awareness) and give your expert opinion and comments for any modification and improvement needed in the tool. A copy of the objectives has also been enclosed along with it and for the expert opinion and kind cooperation solicited.

Thanking You

Yours Sincerely

L.AMBIKA

Place : ERODE.

Date : 26.05.2014

ANNEURE – B

LETTER SEEKING EXPERT OPINION ON VALIDITY OF THE TOOL

LETTER REQUESTING EXPERTS OPINION FOR CONTENT VALIDITY OF TOOLS:

FROM

MRS.AMBIKA.L
II YEAR MSC NURSING
NANDHA COLLEGE OF NURSING
ERODE

TO Mrs PADMAVATHI M.Sc(N)., Ph.D.,
PRINCIPAL
DHANVANTHIRI COLLEGE OF NURSING
NAMAKKAL.

FORWARDED THROUGH THE PRINCIPAL

PROFESSOR . R.VASANTHI, M.Sc
PRINCIPAL
NANDHA COLLEGE OF NURSING,ERODE.

PRINCIPAL
NANDHA COLLEGE OF NURSING
ERODE.

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Thanking You

Yours Sincerely

L.AMBIKA

Place : Pallakkapalayam

Date : 9.5.14

CONTENT VALIDITY CERTIFICATES

CONTENT VALIDITY CERTIFICATE

I hereby certify that I have validated the tool of Mrs.AMBIKA.L, II year M.Sc [Nursing] student of Nandha College of Nursing, TAMILNADU DR. M.G.R. MEDICAL UNIVERSITY, who has undertaken the dissertation titled as

"A STUDY TO EVALUATE THE EFFECTIVENESS OF VIDEO ASSISTED TEACHING PROGRAMME REGARDING KNOWLEDGE AND PRACTICE ON BREAST SELF EXAMINATION AMONG FEMALE STUDENTS AT NANDHA ARTS AND SCIENCE COLLEGE,ERODE."

Place: Pallakkapalayam

Date: 9/5/2014

Signature of the Experts

Prof. P. Prameela

PRINCIPAL
Dhanvantri College of Nursing
Ganapathypuram,
No.1, Ranganoor Road.
Pallakkapalayam Po.,
NAMAKKAL (Dt)-637 303

CONTENT VALIDITY CERTIFICATES

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Place: Dharapuram.

Date: 26.5.14

Signature of the Experts

R. HEPSI SUJATHA.
VICE - Principal,
Bishop's College of Nursing,
Dharapuram

CONTENT VALIDITY CERTIFICATES

CONTENT VALIDITY CERTIFICATE

I hereby certify that I have validated the tool of Mrs.AMBIKA.L, II year M.Sc [Nursing] student of Nandha College of Nursing, TAMILNADU DR. M.G.R. MEDICAL UNIVERSITY, who has undertaken the dissertation titled as

"A STUDY TO EVALUATE THE EFFECTIVENESS OF VIDEO ASSISTED TEACHING PROGRAMME REGARDING KNOWLEDGE AND PRACTICE ON BREAST SELF EXAMINATION AMONG FEMALE STUDENTS AT NANDHA ARTS AND SCIENCE COLLEGE,ERODE."

Place: Elayampalayam

Date: 29.03.14.

A. Syaaltha

Signature of the Experts

VIVEKANANDHA COLLEGE OF NURSING TIRUCHENGODE. Dt.

CONTENT VALIDITY CERTIFICATES

CONTENT VALIDITY CERTIFICATE

I hereby certify that I have validated the tool of Mrs.AMBIKA.L, II year M.Sc [Nursing] student of Nandha College of Nursing, TAMILNADU DR. M.G.R. MEDICAL UNIVERSITY, who has undertaken the dissertation titled as

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Place: Karur.

Date: 7.5.14

Signature of the Experts

Dr. S. SASI, M.B.,B.S.,M.D (O & G)
Consultant Obstetrician & Gynaecologist
Reg. No. 75226
Apollo Hospitals, Karur-639 002

CONTENT VALIDITY CERTIFICATES

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I hereby certify that I have validated the tool of Mrs.AMBIKA.L, II year M.Sc [Nursing] student of Nandha College of Nursing, TAMILNADU DR. M.G.R. MEDICAL UNIVERSITY, who has undertaken the dissertation titled as

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Place: PALLAKKAPALAYAM.

Date: 10/5/14.

Signature of the Experts

(MRS. T. JAYADEEPA, M.Sc(N))

READER.

ANNEXURE – C

EDITOR'S CERTIFICATE

CERTIFICATE BY THE EDITOR

This is to certify that the dissertation entitled , "A study to evaluate the effectiveness of video assisted teaching programme on knowledge regarding breast self examination among III year female students studying at Nandha arts and science college, erode" is a bonafied research work by Ambika. L, II year M.Sc., (Nursing), student of Nandha College of Nursing, 29/4, Koorapalayam Pirivu, Pichandampalayam post, Erode district. Mr. Gopinath, M.A. M.Phil. literature edited this manuscript on behalf of the partial fulfillment of the prerequisite for the degree of master in Nursing (Obstetrics and Gynecological Nursing).

Signature of the Editor :

Name :

Designation :

Date :

ANNEXURE – D

STRUCTURED QUESTIONNAIRE FOR ASSESSING KNOWLEDGE,PRACTICE REGARDING BREAST SELF EXAMINATION AMONG FEMALE STUDENTS

Part : A 1:Demographic Proforma For Respondents :

1. Age In Years :

   (a) 15-20 Yrs

   (b) 20-25 Yrs

   (c) 25-30yrs

   (d) Above 30yrs

2. Religion :

   (A) Hindu (B) Christian (C)Muslim

3. Education Of Mother :

   (A)Primary Education

   (B) Graduate

   (C) Post Graduate

   (D) Illiterate

4. Type Of Family :

   (A)Nuclear Family (B) Joint Family

5. Place Of Living :

   (A) Rural (B) Urban

6. Marital Status :

   (A) Married (B) Un Married

Part : B Knowledge of Breast Cancer &Breast self examination

1. What are the parts of breast ?

   (A) Areola & Nipple

   (B) Alveola

   (C)Diaphragm

2 .How many lobes are there in each breast ?

   (A) 5 (B) 10 (C) 20

3. When does the breast tissues,vary in consistency

   (A) During Menstruation

   (B) Before Menstruation

   (C) After Ovulation

4. Which part of the breast produces milk

   (A) Lobules & Ducts

   (B) Areola

   (C) Alveoli

5. Which part of the organ are female breast?

   (A) Reproduction organ

   (B) Muscular system

   (C) Respiratory System

6. What is meant by breast cancer ?

   (A) infectious disease of the breast

   (B) Normal Growth of breast tissues

   (C) Uncontrolled multiplication of cells in the breast

7. What is meant by benign tumor ?

(A) Mass/Lump ie Dangerous To Health

(B) Mass/Lump ie Not Dangerous To Health & Not Spreading To Other Parts

(C) Mass/Lump ie not spread to other parts

8. What is meant by malignant tumor?

(A) Mass/Lump,Potential To Be Dangerous & Spread To Other Parts

(B)Mass/Lump,Not Dangerous To Health

(C) Mass/Lump,not spreading to other parts

9. Breast cancer belongs to the category of

(A) Benign Tumor

(B) Malignant tumor

(C) Carcinoma in situ

10. Who are at high risk for developing of breast cancer?

(A) Women who has breast feed her infants

(B) Women who had complication during pregnancy

(C) Women having family history of breast cancer

11. Which method of contraception induces breast cancer?

(A) Prolonged use of oral contraceptives

(B) Intra uterine contraceptive devices

(C) Barrier method

12. Who are at high risk of developing breast cancer at the earliest?

(A) Women having the habit of Alcohol intake

(B) Women having the habit of Smoking

(C) Women having pregnancy induced hypertension

13. Which of the following can increase the risk of breast cancer after menopause?

(A) Lower Estrogen Levels

(B) Higher Estrogen Levels

(C) Higher Progesterone Levels

14.. What type of diet will induce breast cancer ?

(A) High Fat Diet [Oil,Meat,Etc]

(B) High Protein Diet [Milk,Cereals,Etc]

(C)High Carbohydrate Diet [Rice cakes,sugar,Etc]

15. What are the clinical manifestations of breast cancer ?

(A) A mass/Lump In The Breast

(B) Abnormal nipple discharge

(C) Painful,tenderness In The Breast

(D) All of the above

16. What was the simplest method to detect breast abnormalities by the person herself ?

(A) Breast Self Examination

(B) Clinical breast examination

(C) Mammogram

17. What are the clinical diagnostic procedure to screen the breast lump

(A) Angiography

(B) X-Ray

(C) Mammography.

18 .Which age group is eligible for screening mammogram ?

(A) After 30 Years Of Age

(B) After 18 Years Of Age

(C) After menarche

19. What are the treatment options for breast cancer?

(A) Surgery of the breast

(B) Chemotherapy

(C) Radiation therapy

(D) All of the above

20. How many years once mammogram should be performed in the age group between the 40 -49 Years.

(A) 4 Years
(B) 3 Years
(C) 2 Years

Knowledge Of Breast Self Examination

21. What is breast self examination?

(A) To Examine The Whole Breast

(B) It Helps To The Breast Growth

(C) It Helps To Improve The Blood Circulation

22. What is the purpose of breast self examination?

(A) Detection Of Breast Cancer

(B) Prevention of breast cancer

(C) Early detection of breast cancer

23. When the women should starts practicing breast self examination by herself ?

(A) By 20 Years Of Age

(B) After 30 Years Of Age

(C) After 40 Years Of Age

24. How often,a women should practice breast self examination?

(A)Nearing Menopause

(B)After menopause

(C) Every month after menarche

25. For the women above 40 years,the clinical breast examinationis done,

(A) 5 year once (B) Yearly Once (C) 3 year Once

26. When should The Post Menopausal Women Practice Breast Self Examination?

(A) Monthly

(B)Bimonthly

(C) Quarterly

27. How many steps are there in breast self examination?

(A) 9 (B) 7 (C) 5

28. Which is the apt time to perform breast self examination?

(A) During Menstruation

(B) Pre menstrual period

(C) After Menstruation

29. Which part of the hand helps to practice breast self examination?

(A) Finger Pad

(B) Palm

(C) Heel Of The Palm

30. Which are the fingers you will use during palpation of the breast?

(A)Index Finger,Middle Finger & Ring Finger

(B) Middle Finger,Rin Finger & Small Finger

(C) Index Finger,Middle Finger,Ring Finger & Small Finger

31. Which position is the apt to perform breast self examination?

(A) Left Lateral Position

(B) Right Lateral Position

(C) Standing Position

32. Which position you will maintain during inspection?

(A)Forward-Leaning Position

(B)Forward-Lateral Position

(C)Lateral-Leaning Position

33. While inspecting breast in front of the mirror what you should be observed ?

(A) Size,Shape Of The Breast

(B) Breast Growth

(C) Mass In The Breast

34. What are the changes you will observe during breast self examination?

(A) Dimpling

(B) Tingling Sensation

(C) Pain In The Breast

35. When you are palpating the right breast in lying down position the pillows should kept under

(A) Right Shoulder

(B) Left Shoulder

(C) In Between The Right & Left Shoulder

36. When you are doing breast self examination in the vertical strip pattern involves moving the fingers in

(A) Up & Down Movement

(B) Circular Movement

(C) Down Movement

37. When you are practice breast self-examination the benign lumps are detected by

(A) Mobile Lump

(B) Regular & Mobile Lump

(C) Fixed & Irregular Lump

38. When you are practicing breast self examination the entire breast is covered from

(A) Collarbone To The Top Of Your Abdomen

(B) Collarbone To The Middle Of Your Abdomen

(C) Breast Bone To Armpit

39. when you are doing breast self examination,the superficial tissues of the breasts are felt with

(A) Firm Touch

(B) Soft Touch

(C) Deep Touch

40. When the breast self examination helps in the detection of lumps in diameter

(A) 1.0 cm and above

(B) 1.5 cm and above

(C) 2.5 cm and above

ANNEXURE – E

LESSON PLAN

ON

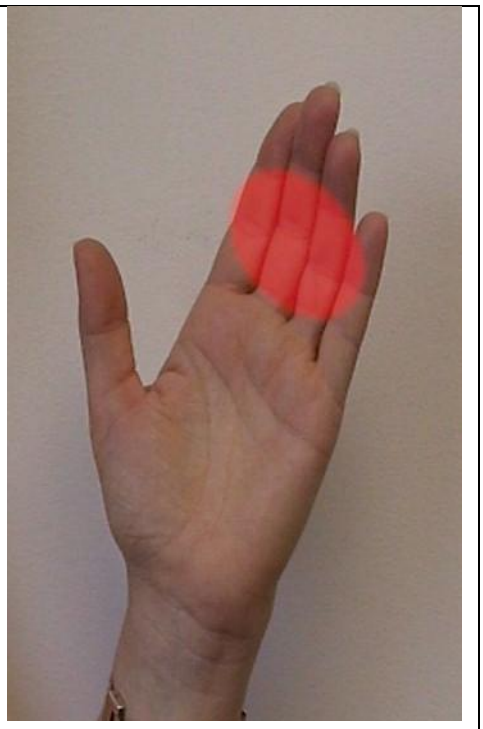
BREAST SELF EXAMINATION

NAME OF THE TOPIC	: BREAST SELF EXAMINATION
DURATION	: 30 MINUTES
SETTING	: NANDHA COLLEGE OF ARTS & SCIENCE ERODE.
PARTICIPANTS	: III YEAR FEMALE STUDENTS
LANGUAGE	: ENGLISH
NAME OF TEACHER	: 301221951
METHOD OF TEACHING	: VIDEO ASSISTED TEACHING PROGRAMME
AUDIO VISUAL AIDS	: LCD PROJECTOR

S.No	CONTENT	AV AIDS
1.	**THE BREAST** ❖ It has an important role in modern culture ❖ Often viewed as measures of sexuality , femininity and attractiveness because it is visible for its size and shape. ❖ However, it is a secondary sex characteristic ❖ Its physiologic function is milk secretion to feed infants **Clinical value** a. Experience has verified that 90% of breast cancers are found by women themselves b. When women discover lumps in their breasts at ea very early stage, surgery can save 70-80% of proven cases	 
2.	**Recommendation** 1. All women age 20 years and older perform BSE on a monthly basis. Beginning in their 20's, women should be told about the benefits and limitations of breasts self examination. The importance is prompt reporting of any new breast symptoms to a health professional	

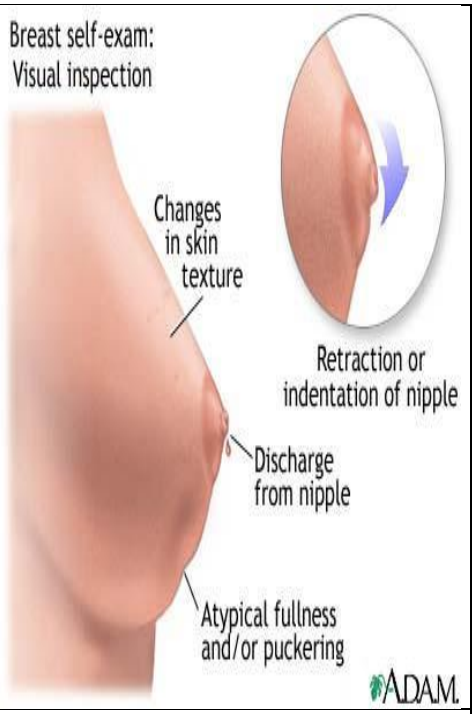
	should be emphasized. 2. All women ages 29 to 39 should have clinical examinations every 3 years preferably be part of a periodic health examination. 3. All women ages 40 years and older have regular (every 1 to 2 years) mammograms. 4. Asymptomatic women ages 40 and older should continue to receive clinical breast examination preferably be part of a periodic health examination annually. 5. Screening decisions for older women should be individualized by considering the potential benefits and risk of mammography in the context of the current health status and estimated expectancy. As long as woman is in good health and would be candidate for treatment, she should continue to be screened with mammography.	
3.	**Advantages of Breast self examination** ➢ Women can use BSE to assess their breasts. When they perform BSE properly and regularly, they cannot any changes in their breasts and seek further evaluation.	

	➢ Examination should be done every month and at the end of menses in all menstruating women. **Barrier to BSE** The major barrier to BSE is the lack of CONFIDENCE **Physical assessment findings in a healthy adult** A. By inspection B. By palpation	
4.	By ***inspection*** the breast should be: ❖ Symmetrical, full, rounded, smooth in all portions, without dumpling, retractions or masses ❖ Faint, even vascular pattern and striae are noted ❖ Nipples everted, areola even Axillae even color, without masses or rash	
5.	In ***palpation*** the breast should be: ❖ Firm and without masses, lumps, local areas with warmth, or tenderness ❖ Nipples should have no discharges ❖ Axillae should be smooth and node are non palpable **Assessment interview** Sexual health history ➢ Are you currently sexually active? With men,	

	women, or both? ➢ Describe the positive or negative aspects of your sexual functioning ➢ Do you have difficulty with sexual desire? Arousal? Orgasm? Satisfaction? ➢ Do you experience any pain with sexual interaction? ➢ If there are problems, how have they influenced how you feel about yourself? Have have they affected your partner? How have they affected the relationship? ➢ Do you expect your sexual functioning to be altered because of your illness? ➢ What are your partner's concern about your future sexual functioning? ➢ Do you have any other sexual questions or concerns that have not been addressed? **Assessment interview** Breast History ➢ Ask the client about breast pain or tenderness and its occurrences in relation to menstrual cycle. ➢ Ask whether the woman has had in the past or	

	currently has breast lumps or masses. If a lump is present, ask the woman to describe its location, onset and size and whether it is painful ➢ Determine whether the lump has changed shape, size, consistency, or degree f redness since it was first noticed ➢ Ask about nipple discharge, which is abnormal in women who are not pregnant or lactating. If there is a discharge, determine the color, consistency, amount and odor. ➢ Ask whether the woman perform BSE regularly ➢ Note whether the woman include axillary nodes in BSE. ➢ Ask for her HISTORY of breast cancer in her blood-related FEMALE relatives – mother, sisters, maternal grandmother or maternal aunts. It indicates an increased risk of breast cancer if she has any family history of breast cancer.	

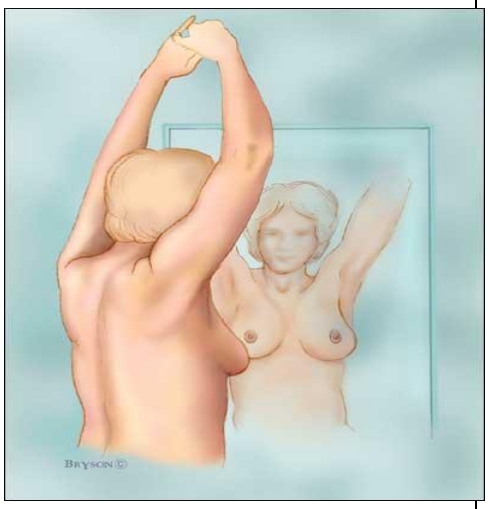
6.	**Identifying clients at risk** ✓ Altered body structure or function due to trauma, pregnancy, recent childbirth, anatomic abnormalities of genitals or disease ✓ Physical, psychosocial, emotional, or sexual abuse; sexual assault ✓ Disfiguring conditions, such as burns, skin conditions, birthmarks, scars (e.g. mastectomy) and ostomies ✓ Specific medication therapy that causes sexual problems ✓ Temporary or long term impaired physical ability to perform grooming and maintain sexual attractiveness ✓ Value conflicts between personal beliefs and religious doctrines ✓ Loss of partner ✓ Lack of knowledge or misinformation about sexual functioning and expression	  

7.	**SIGNS OF BREAST CANCER** ❖ Elevation ❖ Asymmetry ❖ Bleeding ❖ "Orange Peel" skin ❖ Nipple Retraction	
8.	**Women are screened for breast cancer in 3 ways:** 1. **Mammography** – roentgenography of breasts without injection of contrast meduim. It is most sensitive. **3 views :** ■ Craniocaudal ■ Mediolateral ■ Axillary **Women are screened for breast cancer in 3 ways:** 2. **Clinical Breast Examination** - clinical breast exam is an examination by a doctor or nurse, who uses his or her hands to feel for lumps or other changes	

	3. **Breast self-exam.** A breast self-exam is when you check your own breasts for lumps, changes in size or shape of the breast, or any other changes in the breasts or underarm (armpit). **BIOPSY** is a medical test involving the removal of cells or tissues for examination. a) **Aspiration** – a syringe and g 18 needle is used to aspirate tissue from the site which is under local anesthesia. The specimen is spread on a glass slide, fixed, stained and sent to the laboratory b) **Incisional** – a piece of tissue is obtained in the operating room, sent to the laboratory frozen section which is the stained and examined under the microscope. Classification of Breast Tumors and Preferred Method of Treatment	

Inspection before a mirror

- Stand and face a mirror with your arms relaxed at your sides or arms resting on your hips; then turn to the right and left for a side view look. (look for any flattening in the side view
- Bend forward from the waist with arms raised overhead
- Stand straight with arms raised over the head and move the arms slowly up and down at the sides. (look for free movement of the breasts over the chest wall)
- Press your arm firmly together at the chin level while the elbows are raised to shoulder level.



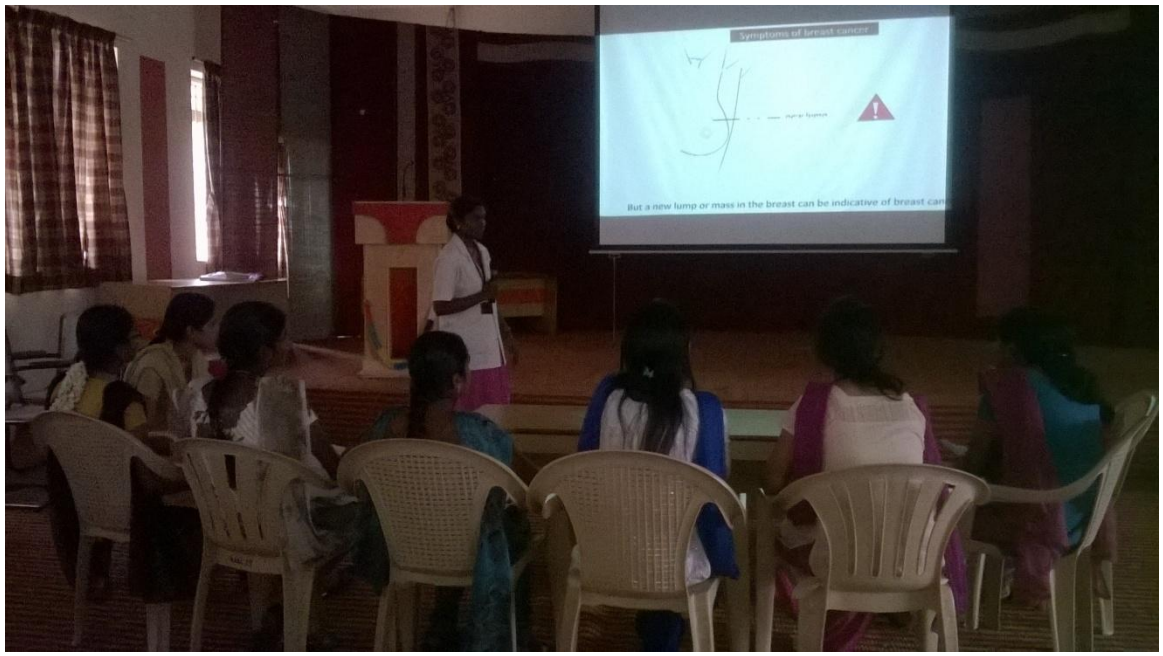
	Palpation: Lying Position • Place a pillow under your right shoulder and place the right hand behind your head. This position distributes breast tissues more evenly on the chest. • Use the finger pads (tips) of the three middle fingers (held together)on your left hands to feel the lumps. • Press the breast tissue against the chest wall firmly enough to know hoe your breast fells. A ridge of firm tissue in the lower curve of each breast is normal. • Use circular motions systematically all the way around the breasts as many times as necessary until the entire breast is covered. • Bring your arm down to your side and feel under your armpit, where breast tissues are also located. • Repeat the exam on your left breast using the right finger pads of your right hand.	

	Palpation: Standing or Sitting • Repeat the examination of both breasts while upright with one arm behind your head. This position makes it easier to check the upper part of the breast and toward the armpit. • Optional: Do the upright BSE in the shower. Soapy hands glide more easily over when wet • Report any changes to your health care provider • The next slide is a video about breast awareness and how to perform BSE • The Breast is present,bilaterally,in the pectoral region,in both sexes.After puberty,the female breasts are well-developed.The breast is a modified sweat gland.	

ANNEXURE – F

PHOTOS TAKEN DURING STUDY


Treatment of breast cancer
Basic treatment options available to breast cancer patients are:


Symptoms of breast cancer
But a new lump or mass in the breast can be indicative of breast can